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EDITORIAL COMMENT

GREETINGS

The JOURNAL wishes its readers, wherever they may be, all over the world, a very happy and joyous Christmas.

WHY ARE HOSPITAL POSITIONS NOT DESIRED?

We have recently been in correspondence with the superintendent of a very attractive hospital of moderate size who has been having great difficulty in securing an expert graduate for the work of the operating room. The living conditions are exceedingly attractive and comfortable, and the salary, \$55, in comparison with that paid nurses doing such work a few years ago, we consider exceedingly liberal. The superintendent asks why, with conditions so comfortable and with a salary so good, it is difficult to find nurses who are willing to undertake this work.

We know that this particular superintendent is not alone in her difficulty, but that each year it is becoming harder to procure competent graduate nurses for our hospitals, both large and small. Not only for operating-room service, but for the supervision of obstetrical departments, great private pavilions, and for surgical wards where every case is an emergency, under-graduates are employed, who are young in years as well as in experience, though the hospital is not only financially able, but is desirous of securing more responsible heads. We think there is another side to this question than the financial one, because even though a nurse may, immediately after graduation, enter some one of the fields of nursing which give her independence and greater remuneration, she soon learns that the cost of living on the outside, the wear and tear on clothing, and the expense of illness, if such comes, make her saving power no greater or less than in a hospital position, where all living expenses are included and where she is cared for when ill.

We want to get at the reason from the graduate's point of view, for her unwillingness to remain in the hospital's service. Is it discipline, or poor food, or long hours, or responsibility, or lack of appreciation? There must be a reason for it. Or is it simply the economic one of supply and demand, that with the tremendous increase in the number of hospitals, and of positions, there are not enough really competent women with executive ability to fill these positions? This is an interesting question because it seems to be parallel in a way to that of the scarcity of probationers to fill the ranks of the schools.

THE VALUE OF RECORDS

In the years to come, after those of us who did pioneer work in the nursing profession have passed away, the work that has been done for nursing organization, for state registration, and for standardizing the membership of our nursing associations will be studied by future generations of nurses in much the same way as Miss Dock has studied old records from the archives of Europe for her *History of Nursing*, and it is becoming more and more important that official records of the work that has been done by nurses and associations in different states should be assembled.

Within a few days of each other, two requests have come to us asking for the coöperation of the JOURNAL in collecting such reports and records, from two well-known members of the American Nurses' Association, Miss Stewart, writing for Miss Nutting of Teachers College, and Miss M. E. P. Davis of Massachusetts.

Miss Stewart writes:

The Nursing and Health Department of Teachers College, Columbia University, is very anxious to secure, for the use of its students and for future reference, all the important records, reports, etc., connected with nursing work in this country and abroad.

Miss Nutting wishes to thank those who have always responded so freely to requests for such material, and to ask from all the JOURNAL's readers their coöperation in securing:

1. Training school announcements.
2. Reports of all state nursing associations.
3. All new publications of state boards of examiners—laws, recommended courses of study, examination papers, etc.
4. Reports of nurses' registries, directories, etc.
5. Recent reports of district nursing associations, school nursing, welfare work and hospital social service departments, etc.
6. Reprints of important addresses and papers on nursing and medical subjects.
7. Alumnae magazines.

Won't you please put "The Department of Nursing and Health, Teachers' College, Columbia University" on your permanent mailing list?

Miss Davis, who has been taking a much-needed rest, is establishing as an individual enterprise a bureau of information on training schools and general nursing affairs. She makes the same request of hospitals and training schools, that they send her such reports and such printed matter as they desire to have circulated, and proposes to furnish such information to those desiring it, for a small fee. Her announcement will be found among the Massachusetts news items.

We imagine that in the years to come such material as Miss Nutting and Miss Davis are requesting will be looked for in libraries of colleges, in departments of education, in official registries and the files of registration boards. Such work as Miss Davis proposes to do would be that of an intermediary between the workers in the field and the educational institutions where such material would be finally deposited.

THE HAVEN COUNTRY CLUB

We are always glad to have for publication in the JOURNAL any announcement that has to do with the establishment of club houses or plans for coöperative living for nurses or other workers, knowing how greatly the standards of living are raised and the expenses lowered by such coöperation.

There is no time when self-respecting, educated wage earners, such as nurses, teachers, and social workers feel the pinch of moderate salaries so greatly as after an illness or during a time of enforced rest from over work. What has been known as The Brownery, a convalescent home, maintained by a patron of the Presbyterian Hospital of New York City, has been moved to Nyack-on-the-Hudson, reorganized, and is now a country club, located in a beautiful Colonial house, procured through the generosity of Mrs. Helen Hartley Jenkins.

The fact that Miss Maxwell is president of the new club is a guarantee of its homelike attraction and comfort. It is not intended exclusively for nurses, either of the Presbyterian or any other school, but membership is open, as will be seen by the announcement in another column, to teachers, students, social workers, and to others who may be included in the group of public servants.

"SOCIAL WORK IN HOSPITALS"

Just too late to be reviewed by the editor of the Book Review Department for this month, we have received Miss Cannon's book on *Social Work in Hospitals*, and because of the constant requests coming to our office for a book of this character, we make brief mention of it here.

Notwithstanding the fact that so many hundred nurses are now

engaged in public health work, the literature on the subject, and especially that written by nurses, is of a most meagre character. Miss Cannon writes from the experience of a pioneer worker in this field, having been one of Dr. Richard Cabot's associates at the Massachusetts General Hospital during the constructive period of the social work there. We cannot attempt to review the book, that will be done later by Miss Cameron, but we do wish to call the attention of those who are eager for literature on this subject to the fact that this book, written by Ida M. Cannon, is now obtainable. It is published by the Survey Associates, and can be obtained through the book department of the JOURNAL at the price of \$1.50.

PROGRESS OF STATE REGISTRATION

Plans for legislation are beginning to come in. Kentucky, which as yet has not secured a law, is taking steps toward that end. New York, New Jersey and Connecticut are considering amendments to their present laws, for the purpose of improving existing conditions. It is to be remembered that every law outlives its usefulness after a time and has to be amended in order that there may be progress.

THE JOURNAL AGAIN

In spite of the fact that there have now been three issues of the JOURNAL circulated under the new régime, and that in each number the statement has been made, in these pages, that the printer has been changed and that the subscription and book-order departments are conducted from the editorial office at Rochester, a large proportion of the mail containing renewals, as well as that with new subscriptions, is being directed to the old publisher at Philadelphia, and an unwarrantably large number of such letters is being sent to the new printer at Baltimore. Such carelessness adds one more factor to the possibility of error and delay, and frequently checks and money orders have to be returned for endorsement. Such conditions make it necessary to reiterate what we have already said:

All subscriptions should be sent to the Rochester office.

All complaints and changes of address should be sent to the Rochester office.

All forms of payment, whether checks or money orders, should be sent to the Rochester office and made payable to THE AMERICAN JOURNAL OF NURSING, not to any firm of printers, or to any individual member of the editorial staff or of the board of directors.

We want to urge this especially, as otherwise it is impossible for the heads of departments to keep their personal mail distinct from that of the

JOURNAL, and in case of an individual's being away from the office, the depositing of the check is delayed.

When sending in subscriptions, changes of address, book orders, orders for calendars, news items, etc., subscribers are asked to use separate sheets of paper, as each has to be cared for in a different department, and there is less likelihood of error when the orders are separate than when all are sent together in the form of a letter which has to be passed from hand to hand.

We made the statement last month that renewals, to be credited for a certain month, should be in our hands, at the Rochester office, by the 25th of the month preceding the date of issue, but we find we cannot guarantee to get them into the files at so late a date. Nurses who wish to be sure of not missing a number of the JOURNAL should send changes of address or renewals so that they will be in our hands by the 15th of the month, if possible.

We wish to thank those who have sent us copies of the September JOURNAL. Stamps have been sent in payment wherever the name of the sender was given. We wish to request those who have by any chance received more than one copy of either September or October issues to return the extra copy to us. Because of the delay and confusion in connection with the mailing of these two numbers, we have endeavored to supply copies where complaints have been received of the non-receipt of the regular number, but we have reason to believe that in some instances the subscribers may have received their regular copies later.

For those who are entitled to them, but have not yet received them, we have a sufficient supply of September JOURNALS which we will send if they will again notify us that they are missing. The October and November numbers of the JOURNAL are exhausted.

This change in the JOURNALS' business has emphasized the fact that under the old régime it had increased more than even those of the editorial department had realized. The book-order business, beginning in a small way, as it was established by Miss M. E. P. Davis a few years ago, principally through the effort of her own pen, has taken on such proportions that its clerical detail amounts to almost as much as the subscription list, although its profits are comparatively small. The subscription department, with all that it involves, is a business by itself which can only be understood by those who have had actual experience in doing it. In fact, the whole work of the JOURNAL is one which cannot be appreciated by those without such experience. There is nothing in the training of a nurse, either in the hospital or in private duty that in any way prepares her to understand such detail. A journal such as ours is very different from an alumnae magazine, the expenses of which are met

from the treasury of an association and the subscriptions paid through the alumnae dues. With our magazine we are out in open competition with other technical journals of the same order, not only in the matter of subscriptions, but in the advertising department, which is so necessary and important a part of all magazine work.

We must again emphasize the importance of subscribers attending promptly to the matter of changes of address. An astonishingly large number of JOURNALS are returned by postmasters from all parts of the country from which nurses have moved without leaving an address behind them or sending word to the JOURNAL office. Large numbers of changes of address are sent to us by postmasters themselves, who use a printed form provided by the post office department for that purpose, but even with the careful provision made by the United States postal authorities and with the care which we are trying to give to this work, every month a large number of JOURNALS are lost to our subscribers because of their failure to properly notify both the postmaster of the city they are leaving, and the JOURNAL office, of the change. Later, complaints are received from these very women, denouncing the JOURNAL's business methods, and ignoring their own carelessness. We have very little sympathy with a complainant who has allowed six or nine months, sometimes a year, to pass by before reporting to headquarters the failure of the magazine to reach her when she usually demands that all back numbers be supplied.

During these past few months, many perfectly just complaints have remained unanswered because we knew that the cause of the trouble was the delay in the mailing of the magazine, due to the change of publisher, and that the trouble would, in the majority of cases, remedy itself. Moreover the amount of clerical detail work that has been involved in the recent change has made it impossible during part of the time to give as prompt attention to correspondence as we hope to do hereafter.

THE EDITORIAL STAFF ENLARGED

While the responsibility of the reorganization now taking place in the JOURNAL has been placed in the hands of the editor-in-chief at Rochester, the appointment became necessary of a second assistant whose special duty should be the direct supervision of the subscription and book-order departments of the JOURNAL. That this person should be a member of the American Nurses' Association, familiar with different phases of organization work of the country, was recognized, and upon

the recommendation of the members of the editorial staff at Rochester, Miss Bertha J. Gardner, of Newark, N. J., was asked by the directors to undertake this work. Miss Gardner has been a successful private duty nurse, a graduate of the Orange Training School. She has twice been president of her own alumnae association and of the New Jersey State Association, and at the time of her coming to Rochester was president of her county association and a director of the state association. She has been active in the legislative work of her state, and is well known to many members of the American Nurses' Association. She brings to this new work a capacity for close application to detail work, with physical endurance for long hours of monotonous drudgery, which is developed to a great degree by private duty in women of certain temperaments. Those who know her best will appreciate the fact that her spirit of optimism and sense of humor have been a great factor in carrying through a situation which has been most difficult and trying to all concerned with the work at this particular time. Miss Gardner and Miss Palmer are keeping house together. Beside the editorial staff, a clerical force of four people is regularly employed, with extra assistance at some part of each month.

OCTOBER AND NOVEMBER JOURNALS WANTED

Referring again to the fact that our supply of October and November Journals is exhausted, we would ask any of our readers who do not keep their copies for binding to send them to us, with their names and addresses attached, so that we may fill requests that are coming from some of our subscribers for extra copies. Twenty-five cents will be paid for such back numbers of October and November as are sent us in this way.

LOOKING FORWARD AND BACKWARD¹

By ELIZABETH E. GOLDING, R.N.

Graduate of the New York Hospital, New York City

During the past summer I have received many letters with the following purport: Let the private duty nurse be heard. The private duty nurse is the one vitally interested in this subject, or that, *this* subject being the effort for an amendment to our Nurse Practice Act. A private duty nurse ought to be on this or that committee, and so on. Now the subject uppermost in my mind is this: Why isn't the private nurse more alert and active? Why does she leave for her sisters, the married ones, and those in charge of training schools or those doing social work, the burden of the work that concerns her so vitally? And why, having put that burden on the shoulders of others, does she sit still and not lift her voice in meeting? With these questions in mind I am looking forward to the time when the obligations that are ours will be carried just as faithfully by us as they are being carried by our sisters with more leisure.

Nurses need training during their hospital days as to their obligations to their alumnae, county, state and national organizations. They need courses in parliamentary law. They need to learn to be willing to serve, not only serve, but work, on the various committees.

It is discouraging to try to work out these problems without the help and enthusiasm which come from active interest in the issues that concern us. The private duty nurse knows far better than any one else whether she can do night duty or nurse contagious cases, so why not consent to serve on the Central Registry Committee? Specializing belongs as much to the nurse as to the physician or surgeon. Why not give our best efforts to perfecting ourselves in the line in which we know we can excel, rather than in doing all our work half-heartedly? Why allow our names to be proposed as members and accepted and then never attend a meeting?

Nurses need training in their early days as young graduates, and so I advocate putting on our committees nurses who have just graduated and training them in the work. Of course this means sacrifice, but a careful arranging of hours off duty often makes it possible for a private duty nurse to attend a meeting, for a time, at least.

¹ Read at the twelfth annual meeting of the New York State Nurses' Association.

What we need in our central registries is the coöperation and support of each individual nurse so that calls and membership may be increased, the registry made self-supporting, and the many problems that so vitally affect the private duty nurse more nearly solved.

When I first graduated there were few registries and fewer nurses. State registration had not been thought of; there were only the smaller organizations. Now we are banded together in all things that interest us. We have as leaders women who have made many sacrifices for the attainment of the ideals of our profession. May we not look forward to the day when each of us will take her share of the burden, when the younger graduates, the private duty nurses, and all who are working for one common cause may feel their responsibility?

THE ROYAL FAMILY

By FRANK B. REAZOR, D.D.

Saint Mark's Rectory, West Orange, N. J.

In Bethlehem a Prince was born of very flesh and blood;
A royal Child—a King by right. All round Him angels stood
Like courtiers round a monarch, while before Him shepherds knelt
In homage to the Mighty God Who in Him fully dwelt.

The last of an old kingly line—the First of one to come—
This Word of God—This Son of Man—thus made in man His home;
His court a stall—His Throne a crib—His realm this sorry earth—
He came to found a Dynasty—its legend, The New Birth.

But who the Royal Family? Who Princes of the Blood?
The halt, the maimed, the poor, the *sufferers* who flood
Life's highways and its hedges with a patience yet untold;
Who make the thorns that pierce them into crowns of more than gold.

These are the King's own children—these are the Royal Line;
Like Him they bear their crosses, they are tasting of the wine
Their King drank deeply on His way to take His Throne again;
So they daily drain His chalice, hoping with Him to reign.

And even now they reign with Him, for He abides in them;
While we, who know not anguish such as theirs, do kiss the hem
Of the royal robe of suffering worn by children of the King
And so we do Him homage when to these our aid we bring.

A MERRY CHRISTMAS

By C. MAY HOLLISTER, R.N.

Graduate of the Orange Memorial Hospital, Orange, N. J.

It was one of the most happy Christmas seasons we had known for a long time. It came the year Sister Katherine and I were visiting in Nebraska, and began ten days before Christmas, when Katherine was summoned to Omaha to substitute during the illness of one of the Deputy Probation Officers of the Juvenile Court. We were visiting relatives about one hundred and twenty-five miles out on the prairies when the summons came through a friend with whom she had previously done social service work.

Having a little final shopping to do, and not wishing to be left out of any of Katherine's experiences, I decided to accompany her and to remain in the city for a short time.

Her duties began on a day when court was in session, so I gained permission to attend with her and found it all so absorbing and interesting, that I decided then and there to remain in the city as long as she was needed.

One morning, a couple of days later, Katherine rang me up, after reaching the office, asking, "Will you come down right away, as a volunteer worker to help mend and fix up Christmas toys?" I said Yes, and hung up the receiver, then pondered. Toys in a Juvenile Court office! What did that mean? Had some children been tempted by the attractions in the shops? Poor kiddies. I was mystified. But all was soon explained when, upon reaching the office, Katherine introduced me to the genial Chief, whose happy face was enough to restore courage to any who had lost it, and give confidence and hope to those who needed it. In a few words, he told us that he had learned the year before of a number of poor children in the city who had failed to have anything given them for Christmas. In some unfortunate way they had been overlooked or were unknown to the various organizations dispensing Christmas cheer and so it was now his plan that every child should have something for Christmas. It mattered not whether they were children who had unfortunately fallen into the hands of the law, or whether they were children unknown to him; no child in the city must be left out, if likely otherwise to have no Christmas. With this end in view, two large packing boxes of toys had been purchased and now it was our task to look them over and make repairs where needed. There were trumpets, horns, blocks, books, balls, dolls, soldiers, animals, and all that go to make up a goodly Christmas collection for young citizens. Some of the dolls had lost their eyes, and

some their wigs, in transit, while the guns of the soldiers and the manes of the horses occasionally needed a little attention. Plaster of paris soon restored to their proper places the brilliant, blue eyes of the flaxen haired dolls, while the glue pot did good service in all directions.

In a few days we were ready for the throng of children who had been invited to call at the office, a good-sized throng it was, too, for the probation officers, while on their rounds of duty, had voluntarily added to their regular work the more happy task of trying to locate every child likely to be neglected or passed by without a Christmas greeting. This meant many trips to the "River Bottom," a section where those very low in the scale of human existence tried to maintain that existence.

The sight of the eager, happy faces, as they came on the appointed day for their gifts, the privilege of being among them, to assist in distributing the presents, are experiences we shall both long remember.

Finally, two days before Christmas, the work of distribution was finished and I was going back to the prairies, but Katherine said No. She wished to remain and see the newsboys receive their Christmas dinners on Christmas Eve, from their "Big Brother Mogy," for this genial Probation Chief found time not only to give cheer to the wayward and neglected waif, but remembering well when he too was a "newsy," he arranged annually, through subscriptions from interested ladies of the city, to provide dinners for the newsboys. Past experience had taught Mr. Bernstein that the practice of gathering the boys together on Christmas Day in a big hall, and serving a dinner to them, had its shortcomings. Hence he gathered his forces in a large, rear room of one of the city newspaper plants. There we went on Christmas Eve, and were introduced to some of the interested people of the city who were contributing financially toward the Christmas cheer.

The boys were waiting in hoards outside the doors; the snow was falling fast and drifting furiously, but no matter about the cold outside, for inside there awaited each boy whose name was on the long sheet of paper in Mr. Bernstein's hands, a live chicken, a generous number of raw potatoes, uncooked cranberries, packages of cereal and a pair of warm mittens or gloves. Crates upon crates of live chickens contributed to the general hum and clamor, with added crescendo notes each time a chicken was withdrawn from its cage and its legs tied together before being handed over to a boy, after he had been fitted with either mittens or gloves, according to his size.

Assisting Mr. Bernstein in the heavier part of the distribution were three or four of the big "newsies," those who had almost reached the dignity of manhood, while to those of us who were visitors was given

the pleasure of fitting gloves and mittens. In time, every boy of the large throng had gone, his hands comfortably covered and his arms filled, trudging homeward with the good things which he would share with those at home and so, himself learn, in turn, the pleasure which comes from giving to others, as well as from receiving.

To the question, "Why a live chicken?" Mr. Bernstein explained to us that, as some of the boys were from Orthodox Jewish families, it was advisable.

By the time the distribution was over, the last train from the city out to the prairies had sped away while the snow kept coming down so thick and fast as to now threaten and block car traffic. The sidewalks were obliterated by the deep drifts through which we floundered to our boarding house, two tired and happy women. The only train out in the morning was scheduled for 6.30. This must be taken if we were to eat our Christmas dinner with the nephew and his family awaiting us, one hundred and twenty-five miles north. Having no alarm clock with us, we slept with one eye open, or took turns keeping awake, all night, and finally, at five o'clock the next morning, dressed and started out, only to find that the trolleys which should convey us to the railroad station, had not commenced to run. Save for a few other travelers waiting for the trolley, the streets were dark and quiet until a bunch of "newsies" came along. It seems to be an unwritten code for the "newsies" to be cheerful, jolly boys and we soon felt the warmth of their happy natures as they laughed and chattered in a group near by.

Eventually the trolley came, just in time to get us to our train, and in five hours we were back with our own, dear ones, happy of course to be with them again, but happier by far for our work of the past ten days, knowing that without those privileges of service to others we never could have known such a very Merry Christmas as was ours that year.

LOBAR PNEUMONIA: ITS CAUSES, SYMPTOMS, PREVENTION AND TREATMENT

By JOHN B. HUBER, A.M., M.D.

Lobar pneumonia, or genuine, (as distinguished from broncho-pneumonia,) or croupous or fibrinous pneumonia, pneumonitis or lung fever, is a systemic infection having for its characteristic lesion an inflammation of the elements essential to pulmonary respiration; that is, the terminal bronchioles and the air vesicles with the blood capillaries surrounding them—the lung parenchyma. The presence and growth of

pathogenic bacteria are essential to the existence and development of lobar pneumonia. This disease is now properly placed among the general or systemic infections; formerly it was incorrectly classed among diseases confined only to the lungs. The focus of infection is in the lungs; but other organs and tissues are involved and often very seriously. Indeed the ravages of the disease are sometimes worse in other organs than the lungs—the kidneys, for example.

So, besides the pulmonary lesion, there are like to be lesions elsewhere. The inflammation in lobar pneumonia is exudative, the alveolar blood vessels (those enmeshed with the air-vesicles) give up serum and fibrin from their contents, with the accompanying emigration of white blood cells. Sometimes the exudate is only serous and not purulent. The fever in this disease terminates by crisis and with comparative suddenness; it is a self-limited disease and runs a definite course such as is characteristic of bacterial diseases. The whole of one or more pulmonary lobes is usually involved in the pneumonia process. The death rate of lobar pneumonia is enormous, sometimes exceeding that of tuberculosis. (The two diseases together destroy more than half the human race.) The aged suffer most; and "terminal pneumonia" ends the lives of most old people. It is a disease of very wide distribution, existing in every state of the Union; it is considered to prevail more in the south than in the north.

Causation. In lobar pneumonia, as in most infectious diseases, we must distinguish two kinds of causes: first, the pathogenic bacterium, which is the essential or specific cause; and second, the predispositions, which weaken the body and thus render it susceptible to the attacks of the germ.

The specific cause of lobar pneumonia is the diplococcus pneumonial of Fraenkel and Weichselbaum, called also the pneumococcus or the micrococcus lanceolatus. It appears in encapsulated pairs. It has been found in at least 90 per cent of the lobar pneumonia cases in which it has been sought. A temperature of 52°C. (123°F.) will, in ten minutes, destroy this germ; it is, however, fairly resistant to drying and sunlight, especially when embedded in sputum, which is thus protective; the capsule increases the resistance. When desiccated and powdered, the germ is much less resistant, being killed by direct sunlight in about an hour. Like many other bacteria it resists diffused sunlight better than direct; it may live fifty-five days in the former.

The pneumococcus is found in the nasal, pharyngeal and bronchial secretions and in the mouths and even in the conjunctivae of many healthy persons; it is found in the rusty sputum of pneumonia patients and in their saliva and nasal secretions, in their blood sometimes and

almost always on autopsy in the smaller blood vessels. It is likely to persist for weeks or months in the mouths of pneumonia convalescents.

Infection of the lungs comes about by inhaling the pneumococcus; suspended in droplets of saliva or mucus, or being adherent to foreign particles, they may be carried fairly deeply into the bronchial tubes. It is very likely that they do not by this means reach the air-vesicles, but that they are conveyed thence to the latter by means of the lymphatics and the blood vessels of the pulmonary tissues; transmission by the circulation is called "hemotogenous" infection. The question of these *viae of infection* has been much debated, but it were unprofitable to set forth this discussion here.

As intimated, the pneumococcus is found in many parts of the body other than the lungs (being conveyed throughout the economy by the lymphatics and the circulation); and it is found in many other pathological conditions besides lobar pneumonia. Here we have well illustrated the biological principle that the same germ may be present and active in various affections the clinical manifestations of which are quite different. Besides being responsible for lobar pneumonia, the pneumococcus may set up inflammation in the heart, the spleen, the stomach and intestines and especially the kidneys. This germ is allied with other germs in broncho-pneumonia (a disease distinct from lobar pneumonia), in pleurisy, influenza, endo- and pericardis, cerebrospinal meningitis, peritonitis (by way of the diaphragm), acute synovitis, iritis, dacryocystitis, in metastatic infections (following the invasion of the blood stream); in dental, muscular and subcutaneous abscess; there is probably no part of the body insusceptible to the pneumococcus, and sometimes in ways quite fatal.

We should now consider a second important biological principle—that in a disease clinically well defined (as is pneumonia) a number of different germs may be found active, in addition to the one germ which is the specific or essential cause; this phenomenon is "mixed infection," which oftentimes makes grave a disease that might otherwise not be so. Thus we observe in practice that some cases of pneumonia are quite hopeless—the patient dying, no matter what we can do; whilst others recover with much satisfaction to family, doctor and nurse. One reason here is (among others presently to be considered) that in the serious cases such virulent and deadly germs as the streptococcus are associated with the pneumococcus in mixed infection; or innocuous germs are allied with the pneumococcus. Besides the streptococcus, the typhoid, diphtheria, grippe, bubonic plague and catarrh germs and the bacillus coli communis have been found in lobar pneumonia.

In considering the severity of pneumonia in some cases and its com-

parative benignity in others, we must remember also that some strains of pneumococci are very virulent whilst others have little virulence.

Infection in pneumonia, as in many other germ diseases, was recognized long before Fraenkel, in 1884, discovered its germ. Lobar pneumonia was formerly known, as it is today, to be endemic in certain houses, barracks, jails and schools. It is sometimes pandemic. Direct infection used to be common; and such may now be the case in hospital wards. Nurses and doctors seldom succumb (although of course there are cases where our associates have taken the disease and have died of it). Among reasons for our comparative immunity are: doctors and nurses know what prophylaxis they must employ; they do not (or should not) attend cases when they might be susceptible by reason of bodily weakness or ill-health; and they have no fear, which is a potent factor in the contracting of any infectious disease.

We must now dwell upon the factor of predisposition, which is at least as important as that of the essential bacterium.

Anything which weakens the tissues and organs, and makes them susceptible to microbic attack is a predisposition, such as must always be taken into account in considering infectious diseases. Consider for example a family of five or six, of whom one or two will come down with pneumonia whilst the rest escape the disease. Why don't they all suffer, since in the family relation they must all have been more or less subject to the germinal attack? The reason lies in that the bodies of those who became sick with pneumonia were predisposed; whilst in the bodies of those who escaped, the organs and tissues were sufficiently virile to withstand the infection; and by means of such protective agencies (in good working order) as phagocytosis and the opsonins to render impotent and even to destroy within the body the specific germ.

Now, as we have noted, the pneumococcus exists in the body even in health; some unusual conditions are therefore necessary to the development of lobar pneumonia; this tendency then diminishes up to the fifteenth year, after which, with each subsequent decade, it increases. Venerable people are very prone to pneumonia, especially by reason of the hypostatic congestion which is always imminent in the aged who are weak in body.

Negroes are more prone to pneumonia than whites, and men more than women, undoubtedly because of the greater physical hardships and the exposure which the family's bread winner has to endure. In the winter months and especially those times in winter when the weather is changeable and unsettled (as in December and March) there is much pneumonia. During a long and even stretch of moderately cold weather,

there is not so much suffering from the disease. Cold and wet, especially when the extremities become chilled and wet, predispose by lowering the resistance of the pulmonary tissues. Cold alone will not give pneumonia; indeed cold air is one of our most valuable therapeutic measures in lobar pneumonia, but cold will, in a weakened body, devitalize the tissues, and so make them good soil for the pneumococcus to flourish in. Arctic explorers are amazingly free from lobar pneumonia whilst near the poles; but when they return to civilization they are as likely as anyone to succumb. The reason for this must be that the pneumococcus is unknown in the rare, clean air of the Arctic and the Antarctic, whereas this germ is all too prevalent in the Temperate Zones. Seamen and fisher folk, I understand, seldom come down with pneumonia; and this must be because of the purity of the blessed sea air.

Fatigue very decidedly predisposes the body to pneumonia; men who must work arduously during long hours and in inclement weather are very prone to it. Medical men of large practice, who become exhausted through much work day and night, often succumb. Unhealthy conditions of the upper air passages and of the respiratory mucous membranes ("respiratory catarrhs") generally tend to pneumonia. And there are chronic diseases of the heart, kidney and digestive tract upon which pneumonia is oftentimes superimposed; and here the result is likely to be fatal. In this connection it is well stated that persons rarely die of the disease which has the most seriously and most persistently affected them. It is the "terminal affection" from which they succumb; and among these latter the pneumococcus infection is very frequent. Thus pneumonia is one of the most frequent and the most fatal affections of advanced age.

Injuries to the chest wall not unfrequently predispose to lobar pneumonia. We speak thus of "contusion pneumonia." The external wound may be but slight; whilst the resulting internal lesion may be very serious. It is a matter of constant surprise to the necropsist that there may not be even a mark upon the skin to indicate the site of the traumatism, whilst autopsy will reveal extensive tissue destruction.

Alcohol is an enormous predisposing factor in lobar pneumonia. As is the case with all stimulants, the aftermath of an alcoholic debauch is to leave the system depressed and its tissues depleted and enervated; one must consider also the dreadful quality of whiskey (containing as it does wood alcohol) which is oftentimes consumed. Lobar pneumonia is found more in urban than in rural conditions; this is by reason of the more strenuous and enervating life in cities, the germ-laden dust which is inhaled, the tenement life, the overcrowding and the consequent in-

creased liability to infection. It is said that newcomers to cities are less prone than urban natives to lobar pneumonia; if this is so (and I make no doubt it is) it must be because such immigrants have not yet become enervated by city life.

Symptoms. I have always believed a nurse should be a good observer of symptoms in order that she may report intelligently to the physician what has occurred in his absence; and especially should this be so regarding lobar pneumonia, a fact which I think will be evident as we proceed. So I go now with some particularity into the symptomatology of a typical case of this important and always serious disease.

The incubation period in lobar pneumonia is uncertain. In perhaps one-third of the cases bronchitis may precede the attack; as also chilliness, a little fever, malaise and oppression about the thorax. But the invasion is characteristically abrupt, with severe chills lasting perhaps an hour, sudden rise of temperature (even during the chill), and all the symptoms of sthenic fever. There may, to begin with, be vomiting. In a few hours intense and sharp pain develops, generally referred to below the nipple, in the lower anterior portion of the chest or in the axilla of the affected side, increased by inspiration and coughing; this pain may be referred to the abdomen. After three or four days it disappears. The patient lies on the affected side; his cheeks are flushed, especially in the centre; he appears sometimes anxious, sometimes apathetic. His dyspnoea (due to pain, toxemia, fever, loss of respiratory function and nervous conditions) is manifest by his dilated nostrils; the respiration is rapid, shallow, jerky, often grunting, and evidencing air starvation; the worse the breathing, the more lung tissue there is likely to be involved; the normal ratio of one to four between respiration and pulse is greatly disturbed, being oftentimes one to two. The respirations are thirty to forty in the minute; in children even one hundred.

There is a short, painful cough, dry in the beginning; after the first day appears the characteristic "rusty" or "prune-juice sputum," which is dark brown, red or orange-yellow, thick and very tenacious, or containing viscid red pellets and perhaps casts of bronchioles. In a few cases the sputum, may, however, remain as in bronchitis.

With the development of the disease the pulse becomes full and bounding, from 110 to 116 to the minute; in serious cases it may soon become small and feeble. A pulse over 120 will give us much anxiety; we must then fear sudden or gradual heart failure. Here, as always when we examine the pulse, we must ascertain not only the frequency, but also the rhythm (its possible irregularity and intermittance); its quality (whether it be hard and incompressible); and possible dichrotism (which is, however, rare in lobar pneumonia).

The condition of the heart and circulation is important to consider. The heart sounds are loud and clear during the fever; there may be bruits heard; the second sound over the pulmonary artery is accentuated, an indication of the condition of the lesser circulation. With distention of the right chambers and failure of the right ventricle to empty itself completely, the pulmonary second sound becomes less distinct. Dulness to the right of the sternum will indicate an engorged right heart. With gradual heart weakness and signs of dilatation the long pause is greatly shortened, and the sounds approach each other in tone. Sudden early heart collapse will be denoted by a feeble, rapid pulse and increasing cyanosis. Heart weakness may be due to paralysis of the vaso-motor center with consequent lowering of the general arterial pressure; this is evidenced by the soft, easily compressible pulse, gray ashy face, cold hands and feet, clammy perspiration and progressive prostration. Or heart failure may (usually later in the disease) result from the toxic action upon the myocardium, or to the right heart dilatation consequent upon engorgement.

In lobar pneumonia the temperature, after its initial rise, continues high and fairly constant— 104° to 105° in the evening and 102° to 103° in the morning. A higher degree is likely when the upper lobes are involved. There is sometimes a very great rise (107°) immediately before the crisis. On the other hand there may be a pseudo-critical period, the temperature dropping several degrees and then rising again. The crisis supervenes generally on the seventh day from the initial chill; and if not then, on the fifth, the eighth, the sixth or the ninth day in the order stated. This crisis is manifest by defervescence or rapid fall in fever; in a few hours (from five to twelve) and usually in the evening there is a fall to normal or below, with profuse sweating in most cases, and with sudden mitigation of distressing symptoms; nevertheless, there will as yet be no decided change in the local pulmonary condition. This defervescence may come even on the second day and it may be delayed a month; soon after it, resolution is accomplished, though this may be delayed two months. A very rapid defervescence to a decidedly subnormal temperature should occasion concern and even alarm; there may then be profound prostration; epistaxis, hematuria or intestinal hemorrhage may accompany it.

Other symptoms which manifest this serious disease are: herpes of the lip, nose, genitals or anus. The skin may be hot and dry (a serious condition); or bathed in perspiration from beginning to end. The nervous system may evidence aberrations grading from slight delirium to stupor; the patient may be maniacal, especially in alcoholic cases; headache may be distressing; insomnia may become serious. The

tongue is furred and moist or dry (a serious condition). There is constipation; perhaps also severe meteorism. The urine is an acute fever urine—high colored, of high specific gravity, with albumen, casts and blood; the chlorides are considered to be absent from this excretion in lobar pneumonia.

The important matter of the physical signs of lobar pneumonia is of course for the physician's exclusive consideration.

Convalescence, complications and sequelae. The convalescence from lobar pneumonia is usually rapid. A prolonged temperature, or an unusual rise at or after the crisis must give us reason to fear a relapse, or an invasion of another lobe, or a complication, or a prolonged resolution. Death may come perhaps quite suddenly any time after the third day (but most often on the seventh, eighth or ninth day) from cardiac failure, from the extent of lung tissue involved, from the severe general infection, from a coronary embolus or from a complication.

First among the complications to be feared comes a pleurisy with effusion, or an empyema developing on the same side with the pneumonia. The patient will do well until the sixth or seventh day; but defervescence will not be complete. After a few days of temperature rise this complication becomes manifest; we shall generally find pneumococci, strepto- or staphylococci in the pleuritic fluid. There may be general catarrhal bronchitis, especially with the pneumonia of epidemic influenza; much mucous (mixed perhaps with blood) is coughed up: over both lungs we hear sibilant, sonorous and coarse râles; there is troublesome dyspnoea, high temperature and tendency to venous congestion and heart failure.

There may be very serious acute pericarditis, evidenced by precordial pains and friction sounds, rapid and feeble pulse, rapid breathing and cyanosis. The symptoms of this lesion may be more marked than those of the pneumonia; possibly the latter may be overlooked. This pericarditis is especially likely to complicate left lung pneumonia, the process being by direct local extension.

Endocarditis may have existed before the pneumonia, and this would be very dangerous. Here articular rheumatism may also have to be considered. Bad heart action and general venous congestion must then be feared; especially must we consider that a well marked mitral or aortic stenosis may in such cases give no murmur at all. Acute meningitis is an unusual but a fatal complication; we may find great delirium, contractions of groups of muscles, general convulsions, and toward the end stupor and coma. Here the various cocci concerned in pneumonia undoubtedly play a sinister part.

Jaundice will evidence hepatic involvement. Acute degeneration

of the kidneys is frequent (it is not particularly dangerous); acute exudation nephritis is much less frequent; it is not of itself fatal, but it may add to the gravity of the pneumonic condition; those who are already sufferers from chronic nephritis (which may previously have given few symptoms) rarely recover from pneumonia, which is in such cases "terminal."

As sequelae of lobar pneumonia we must fear: delayed resolution, which may end in chronic interstitial pneumonia; abscess or gangrene and such psychic abnormalitis as may end even in permanent insanity.

I have thus far considered typical lobar pneumonia, such as is characterized by the initial chill; rapid rise of temperature; (which then remains fairly constant until the crisis, about the seventh day); insomnia; restlessness; vomiting; pain in the region affected; rusty sputum; and marked dyspnoea. I should now very briefly touch on such atypical varieties of lobar pneumonia as are met with in practice.

1. Larval pneumonia: the abortive cases, enduring but two or three days, with the invasion not especially marked, the chill slight, the fever moderate.

2. Pneumonia peculiarly localized. In typical lobar pneumonia the lesion is most often in the right lower lobe; next often in the left lower lobe; next the right upper lobe; next the left upper lobe. In atypical cases the apex may be the focus of the disease; or there may be "central pneumonia," the focus being very deep-seated, perhaps at the root of the lung; or there may be double pneumonia; in migratory (creeping or wandering pneumonia) different regions are successively involved; in massive pneumonia (happily rare) the bronchi of the consolidated areas are plugged up with fibrous exudate, so that dyspnoea becomes desperately bad.

3. The pneumonia of chronic alcoholics is seen often in hospital wards; these cases do very badly indeed.

4. The pneumonia of infants and children; really a broncho-pneumonia.

5. The pneumonia of the aged runs a very irregular course; it is practically "terminal," supervening upon such chronic diseases as pulmonary tuberculosis, nephritis, diabetes and arteriosclerosis.

6. Secondary lobar pneumonia may supervene in patients who have sustained a traumatism (especially of the chest wall) or who are confined to bed after a surgical operation; some of these are called "ether pneumonia" cases. Secondary pneumonia is found also in patients already suffering from meningitis (or other diseases of the encephalon and spinal cord), pleurisy, malaria, cardiac or renal diseases.

7. Epidemic pneumonias appear in which the communicable nature of the disease is very pronounced; such cases are always pretty severe. They have from time to time been especially associated with grippé epidemics.

8. Toxic or typhoid pneumonia are very bad cases, in which the severity of the constitutional symptoms has no marked relation to the amount of lung tissue involved; only a very small part of one lobe may be affected. But the systemic infection is great; and we are really dealing with a pneumococcus septicaemia. Typhoid fever is not necessarily a factor; but the term is used because the symptoms make one think of the third week of typhoid. The temperature is very high; the heart's action soon becomes rapid and feeble; the tongue is dry; the cerebral symptoms are marked; death is the rule.

9. Delayed resolution and organizing pneumonia. Here, resolution, instead of beginning a day or two after defervescence, may be delayed for weeks. Or the exudate may be replaced by new connective tissue, with fibrinous consolidation of the involved part of the lung and subsequent contraction; this latter is "organizing pneumonia."

Prophylaxis. The prophylaxis of lobar pneumonia should be very much as in tuberculosis. We disinfect, burn or otherwise destroy the sputum; as also any vomit or the patient's discharges. The patient's mouth must be kept as clean as possible. The nurses in attendance should keep their own mouths and throats very clean with washes, dentifrices and gargles; should wash their hands frequently and then dip them in bichloride or lysol solutions. We should disinfect at least the patient's room soon after his recovery or death; it were well indeed to disinfect the whole house, especially if there have been several cases in the family, or in epidemic pneumonia. The value of fumigation is now being disputed; whether we fumigate or not, however, the windows throughout the house should be opened wide at the end of the case, and the rooms exposed as far as possible to the sunshine and the fresh air. The bedding, rugs and so forth should be thoroughly exposed to nature's disinfectants, the best of all, sunshine and pure outdoor air.

Those who have no occasion should not come in contact with pneumonia patients; in hospitals these cases had best be isolated. The susceptible, by reason of predisposing factors to disease, should not be unnecessarily exposed to pneumococcus infection. Expectoration in public places should be prohibited. There is probably a great deal of pneumococcus infection in the dust-laden atmosphere of large cities. It is likely that methods of immunization against pneumonia by means of vaccination will be perfected; this is not yet an established procedure.

Treatment. The treatment of lobar pneumonia pursued in the Bellevue, New York, Roosevelt, and Presbyterian Hospitals in New York City was thus epitomized by the late Dr. H. P. Loomis: upon admission the patient is usually given calomel in small repeated doses followed by a saline the next morning. Local applications to the chest are generally restricted to cases in which intense pain and distress are felt; such applications are not made as a routine practice. An exclusive milk diet, plain or modified, is adopted during the height of the disease. A temperature of 104° is not regarded as a necessary indication for special treatment unless nervous symptoms (marked restlessness or delirium) accompany the fever. At the Presbyterian, when the temperature exceeds 104° , cold packs are applied to the chest anteriorly; in the New York, alcohol sponging is resorted to and failing that, the cold pack; at Roosevelt, alcohol sponges or cold packs are done; at Bellevue, sponging with tepid water (80° to 85°). Only in the New York and the Presbyterian are tub baths given, nor even then except in cases of toxemic pyrexia or in alcoholics with marked nervous symptoms. Codein is given to control cough (1-4 to one grain every four hours) sometimes heroin (gr. 1-12), and perhaps morphine. Trional and sulfonal are given for insomnia. Pulmonary edema is treated by hypodermic injections of adrenalin; also by atropine, cupping, and stimulation. The use of oxygen is restricted to cases of cyanosis and dyspnoea. The three cardiac stimulants are alcohol, strychnine and digitalis; of these alcohol is the most used, and the most relied upon. Digitalis is used in Roosevelt. Indications for these stimulants naturally vary in different cases. Nitroglycerine is only occasionally used. In Roosevelt rectal saline injections are given, especially for alcoholics and when nutrition is failing, eight ounces of a normal salt solution are introduced every four hours through a funnel attached to the end of a catheter; these injections are well retained and seem to be of decided benefit.

In addition to this excellent résumé the following considerations are to be emphasized:

Elimination as a fundamental principal here, as in therapeutics generally. We do what we can to rid the organism of the toxins generated in pneumonia; and this by means of the emunctories—the bowels, the kidneys and the skin. To this end we employ calomel and the salines; several times during the course of the disease epsom salts are appropriate. As diuretics we give the acetate, the bicarbonate or the citrate of potash; as diaphoretics the solution ammonium acetate and the spirits of nitrous ether.

We constantly watch the heart and the circulation; there is truth in the statement that pneumonia usually (but not always) kills through

the heart. We frequently and with care feel the pulse; we thus learn not only the number of beats, but we detect also increased (high) tension, or diminished (low) tension; we appreciate the pulse rhythm (its intermittance or its irregularity); the quality of the pulse—whether it be hard (relatively incompressible) or soft (compressible); and dichroism of the pulse which is rare, but may supervene later in pneumonia when the body has become exhausted by the disease. How valuable the nurse who can ascertain these things, and communicate them to the attending physician for his guidance in medication!

We aim for a pulse of 90 to 100, without increased tension, soft, of good quality and strength. Immediately we detect cardiac weakness there are prescribed (at first in small doses, and repeating frequently as per indication) alcohol, strychnine, digitalis, straphanthus, convallaria, atropine, caffeine, nitroglycerine, alone or in various combinations. A hot poultice of digitalis leaves (made as a flaxseed poultice is made) and applied in the back over the kidneys is sometimes most effective both for the heart and kidneys.

In many cases (especially when the tongue is very dry) alcohol is indicated; in the "delirium tremens pneumonias" we need have no hope whatever unless we give this stimulant freely—to start with, whiskey or brandy, every three hours, increasing as the conditions require. But alcohol is not to be used indiscriminately in every case of pneumonia; here as elsewhere in therapeutics, we should know the reason for what we are doing.

The invasion is a great shock to the patient; therefore a hypodermic of morphine (gr.-1-4) is decidedly indicated, to relieve the dreadful pain, allay fear, and assure rest and comparative comfort. For the pain, hot or cold applications over the regions involved may be prescribed. The lack of sleep is most distressing and weakening; so we induce sleep, or at least relieve restlessness and delirium by means of trional, sulfonal, the bromides or codein. But our anodynes must be given in moderation, for we must ever guard against the possibility of coma or edema. We must change the patient's position from time to time (especially in the aged) to guard against suffocation or hypostatic congestion. Otherwise we should disturb the patient as little as possible.

If oxygen is given the patient must have it earlier than it is generally employed; there will then be not so much occasion for the statement that "the appearance of the oxygen tank indicates the end of the case." This gas is effective if employed before dyspnoea and cyanosis (as indicated by the dusky skin, the blue lips and the prominent veins) are marked. The gas is breathed until these symptoms are relieved, usually for ten minutes at a time, with quarter-hourly intervals. Here

we use also atropine (gr. 1-100) strychnine (gr. 1-30), and digitalis (m.x of the tincture)—separately or in combination.

Venesection is little in fashion nowadays; and this largely by reason of the just opprobrium invited by indiscriminate and occasionless blood letting in the past. But when this procedure is really indicated there is none more effective; in serious cases lives may by this means be saved. What are the indications? We may rightly venesect early in pneumonia, in sthenic cases in full blooded individuals, such as policemen; and at any time in the disease we may let blood when there are hyperpyrexia, high tension, a pulse of 120 or more, bad breathing, engorged and distended veins, a distended and overworked right heart, and evidence of distended pulmonary arteries. By venesection, we combat excellently this grave condition; we secure "mechanical disintoxication" by removing blood laden with toxic material; we relieve the right heart and the clogged veins and lung tissue; we restore the circulatory balance; and coincidently we mitigate the high temperature, the cerebral congestion, the pain and the dyspnoea.

Venesection is done as follows: the parts and the instruments used are rendered thoroughly aseptic (septic phlebitis is the only thing we have to fear from phlebotomy); we make a few moderately firm turns of a roller bandage around the middle of the arm; fix the median cephalic vein at the bend of the elbow with the left thumb, and with a lancet or a sharp pointed bistoury open this vein obliquely to its long axis (we prefer not to open the median basilic vein for fear of wounding the subjacent brachial artery). The blood flows freely; the amount abstracted is governed by the pulse; from a pint to twenty ounces may be removed. We then apply a pad of gauze and a figure-of-eight bandage over all. The more rapidly the blood is abstracted the less will be required to lower the force of the circulation. The semi-reclining position were best for the patient during the procedure.

The temperature of the room in lobar pneumonia is set at 65°, and 70° for children; but the principal point here is to have it well ventilated. We do not fear cold air for the pneumonia patient; this phase of the treatment has indeed become quite revolutionized. It is a truly inspiring spectacle, that of the snow-surrounded beds, in the open air, on the roof of the clinic of the Presbyterian Hospital in New York City occupied by pneumonia patients; whilst nurses, gloved, wearing overshoes and clad in winter garments are in attendance. Of course under such circumstances the bedding must be adequately warm; hot water bottles to cold feet; the patient may also wear a "helmet" of wool, which comes down over the neck and clavicles. After the crisis the patient must be taken undressed at the room-temperature indicated.

Hydrotherapy is a most effective measure in lobar pneumonia, as in acute infections generally. By this means we relieve the nervous symptoms, help to restore the vaso-motor tone, reduce the temperature and improve the heart action.

Besides the procedures already stated, we note that the tub is rarely required in lobar pneumonia. Sponging is done for ten minutes at a time. If we use the bath we begin with a temperature of 90° and gradually get down to 80°. There must be no exertion on the part of the patient; he is held and supported while in the bath and the skin is gently rubbed. Only tepid baths will do for the aged, the very young and the very weak.

The diet up to the crisis is mainly fluid—milk for the most part; broths and meat juices, eggs and light cereals; plenty of water, plain or carbonated, to drink; cracked ice to swallow; and lemonade occasionally (but not at the same time with milk). As pneumonia is of short duration, by comparison with such diseases as typhoid fever, we certainly have little occasion for solid food until the deferescence. Food had best be given in a cup or through a tube; the head should not be raised.

We manage the complications of pneumonia as when they are independent affections: When the blood pressure is very low and cardiac failure is feared, saline injections may be given subcutaneously or intravenously. We may inject from one to two pints (sodium chloride 3i — Ci tepid water), allowing the fluid to flow under the skin from an aseptic fountain syringe; and this hypodermoclysis may be repeated if necessary after eight to twelve hours. A pneumococcus serum is hoped for to be used in the treatment of lobar pneumonia; but this has not yet been perfected. The idea of serum therapy in this disease is logical; for it is a self-limiting disease, an infection, the crisis representing the culmination of the struggle between the patient's antitoxic powers (which a proper serum would reinforce) and the essential bacterium.

Good nursing is most essential in lobar pneumonia; and a reliable and conscientious nurse, practiced in the observation of symptoms, will save the physician many an anxious moment. The pneumonia patient needs constant watching; at any time he may get up a delirium which may prove disastrous; or an edema or a heart failure which, if not at once met, will prove fatal. Two nurses, a day and a night nurse, are always needed in pneumonia; and in most cases each will have to be constantly on the watch.

Obviously there is at present no specific, no routine treatment in pneumonia. We cannot find a treatment which will apply in all cases;

to this end, however, the hospital procedures here outlined are sufficiently definite to form the basis of action. We must individualize in lobar pneumonia; much judgment is required, there is plenty of scope for wise action in this disease; we should here prescribe nothing without some good reason. Simple cases do not require much interference; symptomatic procedure may be all that is necessary; but we must be constantly on the watch, for simple cases may turn out quite seriously; we have collapse and death even in convalescence. In addition to the measures stated, the following have been used: jackets of flannel (or of cotton covered with oiled silk) are made; easily to be opened for the physician's examination. Dry cupping is sometimes done; poultices are made (but rarely nowadays); and sinapisms are employed as counter-irritants. Children do better with hot than with cold applications to the chest. Among drugs, quinine is preferred by some physicians; ammonium carbonate (gr. v-x); guaiacol carbonate (gr. xx, a somewhat expensive drug); Dover's powder, Clark's powder, and the salicylates

HOW TO ATTAIN HOSPITAL ECONOMY¹

By AGNES MEYER, R.N.

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This question is one of the most important of our days; as everything in life is getting more and more expensive, the hospital management requires much more skilful organization to make both ends meet. I shall try to explain in a few words how much we nurses influence the average daily cost of living for a patient; and how much one person alone can save, if she sets her mind to do so. Many of us have been brought up to sensible economy in our own homes, but when we come to a hospital we frequently forget our good education and become thoughtless and indifferent. The cause of this is, in the first place, that we do not deal with money and therefore do not know the price and value of things, and also because, in most places, it is very easy to get everything you need or want, simply by giving the written order, sometimes signed by an officer, sometimes not.

It seems important to me, *before buying*, to talk matters over with all the people concerned, to make sure of the usefulness, necessity and price of the object, avoiding by this the purchasing of something that

¹ This article was written for a prize competition of the German nursing magazine, *Unterm Lazaruskreuz*, and won the third prize. It will appear in the issue for November 15 or December 1. Miss Meyer is in this country for a year, studying American nursing methods.

would not show all the required qualities and therefore miss its purpose. If large amounts of money are to be spent, the board of management decides, but for ordinary things the signature of the superintendent of the hospital or of the training school would be sufficient. All requisition slips should pass the training school-office before going to the stores. Young head-nurses lack a sensible survey, how, how much, and in what way to order, therefore the advice of the more experienced is valuable.

We can economize in time and money by the *method of buying*. The simplest way would be to have it done entirely by one person, so that a certain time could be arranged for each dealer—daily, weekly, or monthly as desired. Through contract and bidding it is possible to reduce the prices.

A thoughtful arrangement in *making up the menus* simplifies buying and lowers the price through the larger quantity, i.e., most meat, vegetables and fruit might be used for all parts of the hospital: wards, private patients, nurses, doctors and employees.

The *continuous supervision in kitchen and stores* and in serving meals by a capable woman is very essential indeed. That the supplies do not get too extensive, that nothing disappears under hand, or spoils, because it is not kept in the right place or temperature, that odds and ends are used and not thrown away, that the ward receptacles are properly filled, all these should be looked over to save worry, time and expense.

Then there is the *garbage*, needing a regular and continuous supervision. In emptying the food pails in large tons, we frequently find knives, forks, spoons, even broken glass and china. In doing so, it is possible to find out at the same time if the trays were served with intelligent choosing, or if a food was badly cooked, if, that is, a large quantity of the same kind is found in several pails, these—of course—having been marked with the number of the ward to which they belong. The refuse that is to be burnt should be carefully examined before destruction; there might be instruments, rubber gloves, dressing towels etc., hidden amongst the dressings. If the result of this inspection, which is booked daily, is unfavourable, that is, if there are spoons in the food pails, rubber sheets in the laundry, towels or instruments in the paper bags, there should be a note stating these facts at the bulletin board, with the name of the ward in which the negligence has been.

Making use of the garbage is another line of saving. All food that has not been in the wards should be left in the receptacles and go back to the kitchen for further use, also all stale bread, toast and crusts. The garbage in the pails provides pig food; bones and grease can either be sold or from the latter a good cleansing soap is easily made.

Washed gauze can be used over, if not for the original purpose, certainly for a relative one.

Ashes and cinders may be of some use in the garden and grounds.

Another way of economizing is the proper *care of the laundry*; strong chemicals should not be used, to avoid wearing out the linen before time. The soiled clothes should be assorted to save rubber sheets, hot water bottles, etc., from destruction. In the daily use in the wards we should work with consideration and remember that turning often saves changing.

We can limit the amount of *light and heat* by constant supervision. As in different wards different degrees of temperature are desirable, it should be possible to turn the heat on and off each ward from a central place. For instance, in spring and autumn, infants need an artificial heat long before adults. Next to the thermometer should be a regular temperature chart, marked regularly.

Economy consists in keeping all parts of *the house in good condition*, (1) by keeping a sufficient number of domestics and (2) by regular inspection days perhaps every fortnight, by a hospital and training-school officer, to take notice of the wearout and cleanliness in every department belonging to the wards.

Another important means of saving is the *supervision and limitation of the weekly requisition* for household goods, such as soap, cleansing-powder, safety pins, writing materials, etc. All breakages should be put down in a book with the name of the guilty, the price being added afterwards. It encourages carelessness if everything is replaced at once and without any question or remark. Besides, by booking, we can trace exceptionally careless people for a long time, showing them at the end the amount the hospital had to spend on their behalf.

A thoughtful ordering of *gauze supplies* for the ward is a help in our line. If there is a great quantity, we easily yield to temptation to use it for other purposes, as for cleaning and dusting.

A careful treatment keeps the *instruments* in good condition and makes them last longer.

To emphasize to the nurses all these small details which, taken as a whole, are important enough to lessen the hospital accounts, we need special training to awaken their interest, to stimulate them to thoughtful management and to make them use their own judgement. It would perhaps be an idea worth thinking over to get the headnurses to make up a monthly bill, by which it would clearly be shown how much one person can do to reduce the daily cost of the patients. The foundation for this bill should be the average cost of living (meals) that every treasurer of a hospital knows. As all orders are given out by written notes,

it should be possible to get these slips back at the end of each month, together with the average number of patients. On each ward should be a list with the average prices for food, household goods, gauze, bandages, drugs, etc., and with this help a paper could easily be made up, perhaps like the following sample. This bill is, of course, only meant to show the cost of living, not the actual cost for keeping a patient in the hospital, as for that many more things have to be considered. If for any reason the slips could not be returned to the wards, the necessary figures might easily be put down in a printed book every morning, but the first method seems preferable.

MONTHLY REPORT, WARD 8. SURGICAL NURSE

Extra Orders			
ARTICLES	PRICE	ARTICLES	PRICE
Milk.....	\$12.00	Cleansing soap.....	\$2.00
Butter.....	5.00	Matches.....	.50
Bread.....	6.00	Breakages.....	2.50
Eggs.....	6.00	Wear out.....	4.00
Broth.....		Extras from household.....	
Extras from kitchen.....	8.00	Individual medication.....	2.00
Sugar.....	1.00	General medication.....	5.00
Cocoa.....	1.50	Alcoholics.....	2.50
Coffee.....		Extras from pharmacy.....	5.00
Tea.....		Gauze.....	24.00
Salt.....	.25	Bandages.....	8.00
Extras from steward.....	2.00	Safety pins.....	.50
Hand soap.....	2.00	Writing mat.....	1.50
			<hr/>
			\$101.25
Average number of patients.....			20
Total for 20 patients, 30 days.....			\$101.25
Total for 1 patient, 30 days.....			5.06
Total for 1 patient, 1 day.....(about)			.17
Daily cost of meals.....			1.25
Daily cost of living.....			1.42

ELECTRO-THERAPEUTICS

(SECOND PAPER)

By MARTIN W. CURRAN, M.D.

Chatsworth, N. J.

We often speak of different kinds of electricity in the treatment of disease, such as galvanic, faradic, static, etc., yet there is but one kind of electricity, yet we are able to modify or alter its energy to such an extent by different mechanical appliances, obtaining different electrical

phenomena and therapeutic results, similar to the varied actions of a drug when given in different sized doses, as to almost warrant us in believing that there are different forms of electricity. We also talk glibly about the flow of electricity, while it is not known that electricity "flows" at all, yet it is a convenient method of expression to illustrate simply the progress of electricity from one substance to another.

Magnetism. We are all familiar with the horse-shoe magnet, sold in all toy stores, and in other days we derived much amusement in having it attract pins and needles, which attached themselves to the magnet. To understand a magnet properly, suppose we make one. Take a piece of steel, and wind around it some fine copper wire, commence at one end of the horse-shoe and continue until we reach the other end. Connect the two ends of the wire with a cell giving, say $1\frac{1}{2}$ volts, and then the amperes of current of electricity will travel through the wire, and convert the steel horse-shoe into a permanent magnet such as you have played with. There is nothing mysterious or complicated about that, and if instead of using a piece of steel we use a horse-shoe made of soft iron, it would not be a magnet after you shut off the current from the battery, but the piece of soft iron would be a stronger magnet while the electricity was flowing along the wire surrounding it, and is called therefore an *electro-magnet*. Bear in mind that an electro-magnet is simply a piece of iron, surrounded by a coil of wire, called a helix, carrying a current of electricity.

Now, suppose this current of electricity was being supplied by two cells giving say three volts, you could not feel any shock; but if you were to take hold of the ends of the wires on the electro-magnet and separate them while the same current was going through, you would get a decided shock. This separation would "break" the circuit, and the reason you would get a shock is that while the electricity is acting on the wire, the iron itself is magnetized, and on breaking the circuit reacts upon the wire, producing for a moment more volts of pressure in every turn of it. Thus you see, this weak pressure of electricity as it travels through the wire can yet produce, through its magnetism, strong momentary effects, but you cannot feel it unless you break the circuit.

Induction coil. With the steel horse-shoe we made a permanent magnet, and by using a soft iron-horse-shoe we made an electro-magnet, so let us now make an induction coil, and instead of using one piece of iron, as we did for the ordinary permanent, or electro-magnet, we take a bundle of iron wires, and around this bundle of wires we wrap many turns of insulated copper wire. This is called the primary coil, and the ends of this wire are to be attached to the battery or cells. On top of, or over, this primary coil we wrap a great many turns of very

fine wire. This is called the secondary coil, and it is in this coil that the volts or tension or pressure, of electricity becomes strongest.

On some medical batteries you will find an induction coil, shaped like a large spool (fig. 2), and covered with many layers of wire, and on the left hand side of the induction coil, you will find a "circuit breaker," which is simply a piece of iron (armature) on a spring placed opposite the iron core in the induction coil. This armature is made a part of the wire leading to the primary coil. When the current from the cells is sent through the wires, the core becomes magnetized and draws this armature away from a fixed contact point, thus breaking the circuit, but the spring pulls it back again, completing the circuit, and so it keeps going back and forth very rapidly with a br-r-r-ring sound.

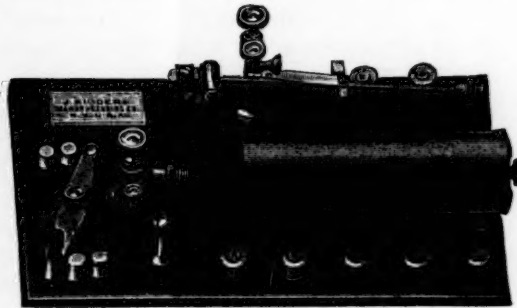


FIG. 2. INDUCTION COIL

Most of use have taken hold of the handles of a medical battery and have had shocks therefrom. In so doing, you simply had the current from the secondary coil of an induction coil. The current may be made weaker by sliding a metallic cover over part of the iron core, and so shutting off part of the magnetic effect.

When a street current is called direct it means that the current always flows in one direction, and if the current is called alternating, it is because the current flows first in one direction and then in the other, thus undergoing periodical change of direction and intensity.

Galvanic current. We must have a direct current if a galvanic treatment is to be given, the terms *galvanic*, *direct* and *continuous* when applied to the electric current are synonymous. If it is desired to use the street current where only the alternating current is available, one has a choice of three methods of securing a direct current, viz; a battery of dry or wet cells, an electrolytic rectifier to change the alternating into a direct current or a motor generator. A galvanic, direct or

continuous current means a current having a large volume, or amperage, with a small voltage, intensity, or electro-motive force.

Sinusoidal current. With the general call for sinusoidal current, a great many physicians are using the street alternating current which is in reality a sinusoidal current. Briefly stated, a sine wave or sinusoidal current is a current which rises like a wave to a certain point, then, without breaking, drops or recedes and, without pausing, rises to the same maximum again in the opposite direction, and continues thus to rise and fall without intermission or break, first flowing in one direction, then in the other.

Faradic current. The induced or faradic current is taken from the secondary current of an induction coil (fig. 3). It is of high intensity but low amperage. The variations in the character and strength of the induced currents are obtained either by changing the speed of the interrupter, by using various secondary coils, different windings, or by adjustment of the iron core of the coil.

Now we understand something of the principles of magnetism, induction coils, galvanic, sinusoidal and faradic currents, and in our next paper will discuss electrolysis, ionization, static electricity and the X-rays.



FIG. 3. FARADIC BATTERY SHOWING INDUCTION COIL AND ELECTRODES

LETTERS FROM A PRIVATE DUTY NURSE

I

THE NURSES' LODGE, September, 19—.

DEAREST MARY:

I thought of you so many times last month, having your holiday by the beautiful sea; and I hope you have come back much refreshed to the care of your children.

I had my vacation in July, as you know; and in August I accepted a position as resident nurse in the orphanage at Beresford. I knew I should love to work among the children again; and I hoped it would be a nice home-like place, such as you have made of Saint John's House, but oh my dear! it was forlorn and dreary and I could not bear the way they treated the children. I saw that I was not going to be able to change anything, so I came back in just ten days. I stopped by the way for some visits and reached here September 1. I find it very good to be back at the old stamping ground.

Since returning I have done some specializing at the John Alden—tiresome, inconvenient place—and at the Kaiserswerth. The latter experience I very much enjoyed. It is a nice place, everyone there is so thoughtful and considerate, and there is such a pleasant atmosphere. I never feel in the least afraid of being jumped on there. There is something dramatic, too, in the spacious corridors and the quiet, white garbed people moving about. I arrived just in time for shift, when the juniors and probationers are reporting to the head nurse. The pupils do seem to me the veriest youngsters, and I have to keep reminding myself that I was once as young, as incomplete, and as merry-hearted as they are. People are always speaking of me as over-serious, but *you* know that, though I can never escape the consciousness of the "*lachrymae rerum*," there is nothing I enjoy so much as real gaiety.

We did have such merry times at the midnight suppers—subdued merriment, to be sure, and often interrupted by a bell, but still very jolly. The first night I was sitting by my patient, who had just fallen asleep, when the little floor nurse put her head in the ward door and said softly: "Will you come to supper now?"

I followed her to the diet kitchen where the others were already gathered. There was a pot of steaming coffee, a plate of buttered toast, a dish of cream chicken and a perfectly gorgeous watermelon. We had an awfully nice time. Do you know they tell me that at the Children's there is a relief nurse, and that the floor nurses have an hour off at midnight to sit down and eat a proper meal. When you remember

how we used to eat our food standing, or sitting on the stairs to be within call of the sickest one, that seems like luxury indeed.

There is one thing that struck me as perfectly shocking, though I never thought of it in that way while I was in training, I suppose because I was chiefly occupied in getting through my work creditably. I mean waking the patients so early in the morning. The floor nurse turned up the ward lights at 5 a.m. She could not help it, for at that she barely got through her work at 7 o'clock, but it did seem like cruelty. When I get to be a superintendent I am not going to allow the morning night work to begin before 6 a.m., and I am going to have a second nurse come on duty at that hour to help. It strikes me that that would be much kinder to both the patients and the nurse. I do not believe you have forgotten yet how your back ached when you had put the ward in order for the day.

I suppose people think we nurses lead a humdrum life, but to me it is all one brave adventure. Not to know where one is going to sleep the next night certainly smacks of adventure, and surely we go about redressing human wrong, and oh! I hope it is true that we speak no evil and give ear to none. . . .

I have just been summoned, by fate in the person of the registrar, to a new adventure. It will probably be difficult, but it is sure to be interesting, because it has to do with human folk.

Good-bye, dear, and kiss Baby Olive for me.

Your loving friend,

MARGARET RAMSAY.

NURSING IN MISSION STATIONS

DOES CHINA NEED NURSES?

By CORA E. SIMPSON, R.N.

Superintendent Florence Nightingale Nurses' Training School, Magaw Memorial Hospital, Foochow, China

I have been much interested in reading what people in America think are the opportunities for the nurse in China and thought perhaps you would like to hear from some one who has been here for a number of years in the midst of things. It is not a question of need. China has needed the nurse for five thousand years, but she did not realize the fact, neither did the people who came over to help her, until within the last few years. Now is the day for the nurse in the mission field, and especially in China. When I came to China I was told that China did not need and was not ready for nurses. After a day in the hospital and a few visits out into the homes, I decided there were few things that China did need as much as nurses.

The first thing that any one who comes to work in China ought to do is to get the language, and this is especially important for medical people. If a student does not understand a problem in arithmetic or a question in literature there is no great harm done, but if the doctor or nurse do not understand all the symptoms, or if the patient does not understand the instructions, a life may be the price paid. First get the language of the people. The better you understand it the more successful your work will be.

During my first year in China I wrote to the president of the China Medical Association, asking about nurses' work in China. He answered that as yet there was no organized nurses' work, but that he hoped the nurses would soon be organized. My letter was printed and sent to every medical person in China. We soon found that nurses were of one opinion about united work, but distances and limited means of travel made it difficult to hold meetings. In 1909, the Nurses' Association of China was organized with Mrs. Hart of Wuhu, a graduate nurse, as president. There had been many local words used for "nurse" but at the Hankow meeting in 1910, the Terminology Committee reported the word for nurse and it has since been accepted by the Nurses' Association of China. Annual meetings were held, but during the summer of 1912, because so many nurses were together on account of the

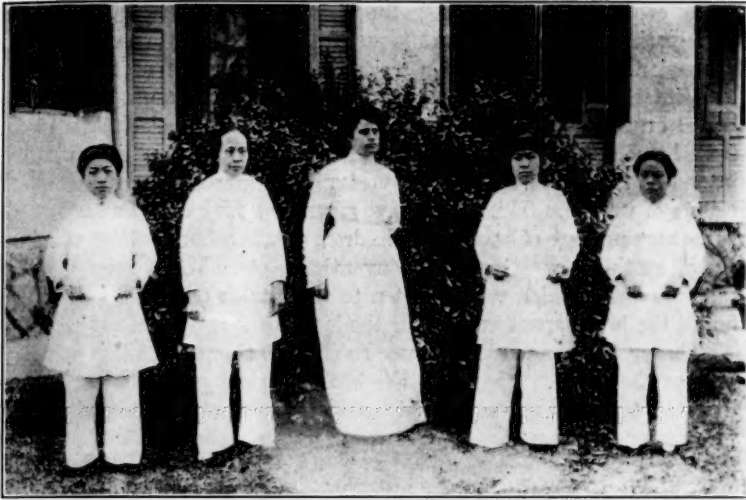
Chinese Revolution, very helpful and enthusiastic meetings were held at Kuling. A course of study and examinations for nurses' training schools were drawn up and later presented to the Medical Association in Peking and since then a joint committee of nurses and doctors has completed the work.

Most nurses in China are very enthusiastic about the Association work. In this province we have the Fuhkien Branch of the Nurses' Association of China with a membership of about thirty. While we do not as yet have a magazine, we do have a department in the *China Medical Journal*, where we can have our reports, etc., printed and discussed. Some of the books we have in Chinese are Hampton Robb's *Principles and Practice of Nursing*; *Nursing in Abdominal Surgery and Diseases of Women*, Fullerton; *The Roller Bandage*, Hopkins; Porter's *Physiology*; *Till the Doctor Comes*; *Military Hygiene*; a *Treatise on Bacteria*, a *Manual of Nursing for Probationers*, and a small book on *materia medica*; some books on sanitation and a fine English-Chinese Medical Dictionary. Dock's *Materia Medica* and an English text-book on nursing are being prepared. Many charts and helps are ready with many books that can be used as reference books in a nurse's library. To be sure most of the class-room work has to be given in lecture form, but I believe before long we shall be well supplied with nursing literature.

The Chinese women are at liberty to study any profession they choose and in the new Republic have equal rights with men in matters of education. Nurses' training schools are being opened all over China. To be sure many of them are not up to the standard we desire, but these are days of beginnings in China, and we do not forget how very few years nursing has been known in America and England.

My work has been in Foochow. Our old hospital was the first hospital for women in China, but this year we are building a new three-story brick building on the old site and as far as I know it will be the largest hospital for women in the country. Beside this we have a new isolation hospital where some fifty patients can be accommodated. We have fifteen nurses in training and expect to raise the number to twenty-five or thirty in the near future. There are two physicians connected with this hospital and we also have a Chinese young woman who will soon graduate from the Union Medical College in Peking and return to us.

The training school was organized in 1909 and the first class was graduated this year. The school colors are blue and white. At the graduation exercises the school colors were used in the decorations mingled with Oriental ferns and palms. Bishop Bashford delivered the address and Mrs. Bashford gave the Charge to the Class. After the diplomas and school pins had been presented, an informal recep-



FIRST GRADUATING CLASS OF THE FLORENCE NIGHTINGALE TRAINING SCHOOL,
FOOCHOW, CHINA

tion was given the graduating class, while refreshments were served. In the evening a dinner was given to the class by the faculty at the hospital home. The nurses wore their simple white uniforms with blue badges. The graduates are all staying this year for the obstetrical course. Our nurses' course extends over a period of three years and only those holding the nurse's diploma can enter for the obstetrical course of one year. The course is practically the same given in American hospitals, only more attention is given to Oriental diseases. Our nurses do all the nursing in the hospital, accompany the doctors to cases during the senior year, do some district nursing under supervision, accompany us on the regular medical trips to the Leper Colony, to the River Boat People, on the country dispensing trips and help in the daily hospital out-clinic. Their hours for recreation and study are in the afternoon and evening. The nurses have cared for some European patients but are not allowed to take cases outside the hospital until after graduation. I have had many calls for nurses to take positions in institutions as schools, orphanages and hospitals and also for private work among the Chinese, but I fear it will be many years before the demand can be supplied, for like nurses in other lands, most of them will find their life work inside the walls of the home.

The Chinese women make kind, conscientious, faithful nurses.

Their calm manner, sunshiny dispositions and their ability to make their patients comfortable and happy insure them great success in their profession. A foreign nurse's work in China is that of teacher and superintendent always. Beside her superintendent's work, she may be called on to care for some poor European who has been taken ill far from home. Beside the training of her own nurses, the foreign superintendent nurse has the great opportunity of meeting and teaching all classes of women. This year I have given over fifty talks on sanitation, home nursing, care of babies and children, etc., in schools, before women's clubs, mothers' meetings, at conventions, etc. When one sees the eagerness with which women listen to these talks one feels well repaid for all the hours spent in learning the language.

Then perhaps no one can come so close to the patient in a spiritual way as the nurse. There are the hours of pain and suffering in the hospital, then the recovery, and the invitations into homes where the nurse is ever welcome and the women of the family are glad to sit and listen as long as one will talk. In the Red Cross, patriotic and improvement societies as well as in the church one has unlimited opportunities to meet these women in a social way and lead them on to higher and better things. It is estimated that there are one million people for every medical person in China so one need not fear of treading on another's toes. The millions of dear babies who die every year because their mothers do not know how to care for them is enough to thrill any nurse's heart. The hundreds of mothers who die in their little dark rooms every day, would live, if China only knew. Cholera, smallpox, plague, diphtheria, scarlet-fever, measles, leprosy, gonorrhea, syphilis, typhus, typhoid and all kinds of eye troubles run riot and are with us all the year round. Consider slavery, ignorance, dirty midwives, narrow vile unkept streets, little dark rooms, no health supervision or inspection, no health laws for isolation or contagion, no sewerage systems, feet bound for ages, bound fast by thousands of years of ignorance and superstition, and you have some idea of the need for nurses in China.

Yes, China is a republic, but that does not make her people any wiser than yesterday. She is free now and eager to learn. Who will be her teacher? The time will soon be past and our opportunities gone forever. Plenty of work, experience never dreamed of, the love of a great people, the privilege of helping to build up in China the profession established by Florence Nightingale, the Queen of all Nurses, more patients than you can dream of caring for and, not least, the approval at last of the Great Physician, "Inasmuch as ye have done it unto one of the least of these, ye did it unto me" is the privilege of the nurse in China today. I covet this privilege for you, sister nurses of America, who might be spared to come over and help us.

THE RED CROSS

IN CHARGE OF

JANE A. DELANO, R.N.

Chairman of the National Committee on Red Cross Nursing Service

RED CROSS ANNUAL MEETING

The ninth annual meeting of the American National Red Cross will be held in the New Willard Hotel, Washington, D. C. on Wednesday, December 10, 1913.

There will be an informal meeting of the National Committee on Red Cross Nursing Service at the residence of the chairman, Jane A. Delano, 1940 Biltmore Street, at 7.30 p.m., December 10. All delegates from state associations of nurses are cordially invited to be present.

The following is the program for the annual meeting:

- 9.30 a.m. Meeting of Central Committee.
- 10.30. General Session, Vice-President Robert W. de Forest presiding.
Minutes of last annual meeting.
Reports: Central Committee, Major General George W. Davis.
Treasurer, Hon. John Skelton Williams.
War Relief Board, Brigadier-General George H. Torney.
National Committee on Red Cross Nursing Service, Jane A. Delano.
Committee on First Aid, Major Robert U. Patterson.
International Relief Board, Hon. John Bassett Moore.
National Relief Board, Ernest P. Bicknell.
Withdrawal of American Refugees from Mexico, Charles Jenkinson.
Awarding of Medals and Certificates.
- 12.30. Meeting of Board of Incorporators.
- 1.00 p. m. Luncheon for delegates.
- 2.30. General Session, President Woodrow Wilson presiding.
Presentation of medals and certificates.
Emergency Relief Measures in Ohio Flood, Hon. James M. Cox, Governor of Ohio.
Flood Relief in Dayton, Dr. Edward T. Devine.
Tornado in Omaha, Charles C. Rosewater,
Red Cross First Aid Among Miners, Hon. William B. Wilson, Secretary of Labor.
Town and Country Nursing, Mrs. Whitelaw Reid, Chairman.
The Red Cross Christmas Seal, Dr. Livingston Farrand, Executive Secretary.

National Association for the Study and Prevention of Tuberculosis.

The Volturno Disaster, Mrs. Wm. K. Draper.

Election of Officers and Members of Central Committee.

9.00 p.m. Reception to Delegates, Miss Mabel T. Boardman, 1801 P St. N. W.

All Red Cross nurses will rejoice in the fact that the government has just made an appropriation of \$400,000 toward the erection of a National Red Cross building, as a memorial to the heroic women of the Civil War. Three hundred thousand dollars is to be raised by private contributions, but of this amount \$100,000 has already been donated. Plans for the building are already being considered, and in addition to general offices for the national work, provision will be made for a large assembly hall, museum, library, etc. It is hoped that work may be begun in the early spring and that the building will be ready for occupancy by 1915.

FOREIGN DEPARTMENT

IN CHARGE OF

LAVINIA L. DOCK, R.N.

PROGRESS IN RUSSIA

Miss Ida Hoffman, graduate of the German Hospital, New York, is doing pioneer hospital reform work in Russia and sends the following interesting letter:

SPITAL KANSTADT MALZ,

Radigescht, Lodz, Russia, October 7, 1913.

DEAR —: I know you will be interested to know how I have settled here. After my arrival I found the hospital for which I have been engaged not finished, and it will be so only in about two months from now. The man who wrote me to come, seems a good business man, but I doubt if he really is in sympathy with all my plans. At first I have seen several physicians here (which was probably wrong as they have discouraged me). They all told me that I should go back to America; that hospitals here cannot possibly be run differently than they run them here; that I will not get girls willing to learn nursing, and do the work, etc. They also told me that the superintendent of that new hospital is not an honest man, and other very discouraging things. One day I had occasion to meet the head physician of my new hospital, who is a woman of most interesting personality. After seeing her I have made up my mind to remain. I am now waiting impatiently for my work to begin, though I know it will not be easy.

I have looked up another nurse from America, who came to Warsaw for the same purpose as that which brought me here. That nurse has more favorable conditions to work with. The benefactress of her hospital is a young woman, a graduate physician, who also took a course in nursing in a London hospital, and knows more about nursing than the superintendent of my hospital. She has decided to plan for a training school.

They have made the educational standard for admittance a full gymnasium¹ course. Should they succeed, which I am sure they will, then I think the other hospitals will follow in trying to improve things, and I cannot see why another hospital like mine with the same aims should not have the same advantages also.

I have visited lots of other hospitals here and must say that in the last eight years they have been somewhat improved. One hospital here stands out as a model one, of which I would like to tell you. It was built several years ago by one of the millionaires here, and he saved no money to make it model. And really, it is clean. At the head of that hospital is a German lady (not a nurse), who must be a splendid manager, for one can see that there system prevails. About the nursing, they have it arranged this way: Each ward of sixteen beds has two

¹ High school.

women to take care of the sick and maintain cleanliness. One of them must know how to read and write. She does not know more about nursing than her good heart tells her. Such women get from 15 to 20 rubles monthly. The other woman is of the peasant type, and does all the necessary scrubbing, her salary is from 8 to 10 rubles monthly. Treatments are given by three physicians who live at the hospital. This institution has 124 patients, and it also takes contagious diseases.

About the town. It has over 800,000 inhabitants, is a cloth manufacturing town, very dirty, has bad water, no drainage system, also expensive living, which causes great poverty among the working classes. I was told, though, that outbreaks of infectious diseases are rare here. The native people here believe that the chemical fumes disinfect the dirt, and make the place, regardless of its poor conditions, harmless to live in. . . .

AN ENGLISH INCIDENT

We take the following citation from the *British Journal of Nursing* of recent date.

At the meeting of the Central Midwives Board, held on the 9th inst., Miss Rosalind Paget asked the Secretary:

"Whether any steps have been taken to ascertain if a woman, described in the press reports of the proceedings as connected with a recent prosecution for an offense under the Criminal Law Amendment Act in Piccadilly is a certified midwife, as has been asserted; and, if so, whether it is contemplated to cite her to appear before the Board?"

This pertinent question has arisen out of the following facts:

When Inspector Curry raided "Queenie Gerald's" flat in Piccadilly, it was reported in the press that the door was opened by a woman in nurse's uniform, who was described as "Nurse Betty," and moreover that she had invited young girls off the street into the flat. This woman's real name was (like that of the procuress she served) kept strictly private by the magistrate before whom the latter was charged.

Upon enquiry, it was ascertained on good authority that "Nurse Betty" had stated that she was a midwife; and the name she gave as her own was found to be on the Roll. Moreover that only one midwife had been certified under such name. This information was given to the Secretary of the Midwives' Board, also to Miss Rosalind Paget (a member of the Board)—in the hope that the case would be taken up and investigated by the Board.

This for two reasons. "Nurse Betty," disguised in nurse's uniform, was engaged in a horrible and criminal trade, aiding and abetting a procuress to ruin young girls.

Through some very powerful influence she was never charged.

Though her name was carefully kept from the public, this woman stated she was a midwife, and gave the exclusive name of a certified midwife on the Roll.

Either she is the person she represents herself to be—in which case her conduct should be enquired into by the local supervising authority; and if a *prima facie* case is established, the same should be reported to the Midwives' Board—or she is not, and the innocent midwife she personates and professes to be, should be protected from the fraudulent misrepresentation of "Nurse Betty."

Certified midwives have a right to protection under the Act.

Thus, it is clearly the duty of the Central Midwives' Board to clear up this mystery.

As for the gross abuse of nursing uniform and the discredit suffered by the profession, from association in the public mind with those engaged in pandering to vice, and in ruining the bodies and souls of women—there is, at present, no redress; and there will be none until trained nursing is organized and protected by Act of Parliament, and registered nurses have power to maintain their own ethical standards.

Nor, we would add, until women have political power.

DEPARTMENT OF VISITING NURSING AND SOCIAL WELFARE

IN CHARGE OF
EDNA L. FOLEY, R.N.

SIGNIFICANT PORTENTS

Miss Ida Tarbell recently said that Chicago was the social laboratory of the United States, and social workers who have the good fortune to live there, agree with her. Time never ticks slowly in Chicago, and work is hardly begun before new work is suggested by it. Two events there of tremendous interest in the nursing world and of national scope in their significance have been the recent appointment of a Chicago visiting nurse as first woman bailiff attached to any municipal court, and the *Chicago Tribune's* courageous and well-sustained exposure of quack "physicians" who prey upon the credulity and ignorance of weak men and women. Nurses in smaller cities, where newspaper columns are filled with the advertisements of unethical so-called "physicians" are advised to send for the back numbers of the *Tribune*, beginning with October 26. In this a whole page is devoted to a photograph, description, address and personal history of each of seven or eight of the worst offenders in Chicago, "specialists," who deal only with the diseases of men, and whose absurd claims of curing innocent men of diseases they have never had, are only exceeded by the size of their fees. Every large city is infested with healers of this order, but those in Chicago are rapidly moving elsewhere, thanks to the *Tribune*. Its daily and fearless exposure of these men and their methods is well worth reading and full of helpful suggestions. It has stimulated the federal authorities to take action in several instances, and perhaps other cities will be roused to coöperate in a state-wide campaign to drive these men out of this wretched business.

The appointment of Isabel Carruthers (Rockford Hospital), for two and one-half years a member of the Visiting Nurse Staff, as woman bailiff of the Court of Domestic Relations, was the result of the far-seeing vision of Municipal Judge Uhler. For months Judge Uhler felt the need of a worker with a nurse's training, who would talk with and advise the young mothers whose tiny babies came to the court with them

Department of Visiting Nursing and Social Welfare 201

and were so obviously neglected and unhappy. The coöperation of the Visiting Nurse Association was sought, and after some misgivings, for the district field in large, the Association for two months paid the salary of a visiting nurse whose whole day was given to the Court. The afternoons were spent in visiting homes where illness or physical disability indicated that there were other causes for a domestic upheaval than incompatibility or a deserting husband. Many cases were referred from the court room to relief or medical agencies, and the nurse had a busy and interesting month. Her report is reprinted in full, as one unique in nursing annals. The Court of Domestic Relations is the only municipal court entirely given over to cases involving domestic infelicity and now it has this added distinction of having a special court nurse. Positions of this sort place a grave responsibility on nurses' shoulders, and only adequate preparation can fit us to meet and hold them. Miss Carruthers first became interested in the court work while taking the summer work at the Chicago School of Civics and Philanthropy, and she has found the course of daily help to her in this new field. The Chicago Visiting Nurse Association released her reluctantly, but both court and bailiff so valued the connection with this nursing organization that the Association has been asked to serve in an advisory capacity in court work, for the present.

COURT OF DOMESTIC RELATIONS

Report for Month Ending October 25, 1913

Interviews in court, 105: (1) abuse 4, (2) non-support 53, (3) bastardy 24, (4) abandonment 10, (5) witness 5, (6) unclassified 9, total 105.

Abuse, 4: (a) contusion of head, 1; (b) menopause, complicated by melancholia, 1; (c) physical examinations, 2. Total, 4.

Non-support, 53. (a) physical examinations, 9; wife gynecological, placed under treatment at Polyclinic Dispensary; wife, physical exhaustion; wife, dementia; child, idiot (sent to Oak Forest); husband, epilepsy, (under treatment at Rush Dispensary); husbands, tuberculosis, referred to Municipal Tuberculosis Sanatorium; husband, maniacal depressive insanity (sent to Detention Hospital); child, syphilitic and an idiot (placed in County Hospital).

(b) Mothers with babes, 11.

(c) Pregnant women, 5: all of whom were instructed and referred to other agencies for care at time of confinement.

Bastardy, 24: (a) mothers with babes, 12, 1 proved on examination to have varicose veins; (b) single pregnant women, 12, 1 with gonorrheal infection placed under treatment at Northwestern Dispensary; placed in homes, 2; the remaining 10 have been interviewed and partial arrangements made for care during lying-in period.

Court emergencies, 3: (a) apparent hysteria, 1; (b) extreme nervousness, 1; (c) fainting spell, 1.

Cases referred from Court to other agencies, 38: (a) Infant Welfare 14; (b) Visit-

ing Nurse Association, 8; (c) United Charities, 10; (d) County Agent, 2; (e) St. Vincent De Paul Society, 1; (f) Dispensary (for medical care) 3.

Total visits 39: (a) visits to homes 34, (b) visits to other agencies 5, County Hospital, Lodging House for Women and Children, Mothers' Homes, Florence Crittenden Home, St. Margaret's Home.

Cases referred to other agencies after home visit, 11: (a) Visiting Nurse Association, 4; (b) United Charities, 2; (c) County Agent, 1; (d) Dispensary, 2; (e) Municipal Tuberculosis Sanatorium, 1; (f) St. Vincent De Paul Society, 1.

Of the 12 unmarried pregnant women, it was possible to place only two promptly. Of the remaining 10, one reported that her lawyer's sister was going to take care of her in her own home. Further inquiry revealed the fact that this sister claimed to be a midwife.

Another particularly pathetic case was that of an immigrant girl under twenty years of age, who refused to accept hospital treatment (although more than 8 months pregnant) as she was sending \$5.00 per month of her earnings to her dependent mother in the old country and could afford to lose no time.

A third girl, though only nineteen, gave a history of two previous abortions and was anxious to have a third one performed. Her statement that she did not know this was wrong and that she did not realize that in so doing she was destroying life, was true. She had absolutely no moral sense; had never had any training or education along that line, and furthermore had a mother who felt no obligation to the girl.

Dr. Anna Dwyer's examinations in Court have revealed some startling facts as to the physical condition of many of the offenders. She found tuberculosis, insanity, idiocy, syphilis and epilepsy, besides minor ailments. We have been fortunate so far in being able to comply almost immediately with her recommendations, and the patients are now being treated in various hospitals, dispensaries and homes.

ISABELLE CARRUTHERS,

Visiting Nurse, Court of Domestic Relations, Chicago.

ITEMS

KENTUCKY. Margaret Arnett (St. Agnes Hospital, Baltimore) has been appointed executive secretary of the Fayette County Anti-Tuberculosis Association to succeed Chloe Jackson, R.N. Miss Arnett was assistant for several years to Dr. A. J. Stuckey, whose discovery and treatment of trachoma among the poor whites of the Kentucky mountains has been so far-reaching.

Emma Hunt, (Louisville City Hospital) has been appointed Mason County tuberculosis nurse by the Kentucky Board of Tuberculosis Commissioners. Her headquarters are in Maysville.

Public health nurses everywhere will be very glad to hear that Fayette County has just been announced a Sanatorium District, and a new sanatorium for consumptives will soon be erected there, thanks to the whirlwind but efficient campaign of the new state tuberculosis committee, of which Chloe Jackson is now chief executive nurse. Miss

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Jackson will be able to tackle a new county even more vigorously now, for her first campaign was such a success. The newspapers supported her splendidly, especially the *Lexington Herald*.

These campaigns are becoming deservedly more wide-spread. Chicago had one five years ago when the citizens, after a big educational rally of several weeks, voted an annual tax of nearly half a million dollars for the erection and maintenance of a municipal tuberculosis sanatorium. In this campaign, as well as in a later one in Cleveland, the Metropolitan Life Insurance Company agents rendered valuable assistance by distributing and explaining the literature from the tuberculosis headquarters in all the homes of their policy holders.

ILLINOIS. The Annual State Conference of Charities was held in Rockford in October and so many public health nurses from all over the state were there that a session for them has been discussed for another year. Every kind of nursing was represented and their contributions in the exhibit were good. The Rockford Visiting Nurse Association had a splendid exhibit of charts and photographs, showing the developement of their work, their coöperation with the tuberculosis society and the results of their baby-saving campaign of the previous summer. A striking wall chart was adorned with six or eight kinds of "baby killers" as the various types of bad nipples were styled. Spot maps showed the tuberculosis congestion, and the whole exhibit gave a very clear idea of the progress of the work in the past year.

The Rockford Visiting Nurse Association, Violet Jensen, R.N., Head Nurse, has just been presented with an electric runabout in thorough repair, and it's upkeep and charging have been guaranteed by several interested citizens of Rockford.

The Chicago Visiting Nurse Association exhibited a simple little two-room doll house, showing a bad bed-room for a typhoid patient, and a good room. The house was 17 by 24 inches and perhaps was of particular interest to nurses, for it cost not quite \$10 and was entirely planned and arranged for by the members of the Visiting Nurse Association Auxilliary. As first planned, the house would have cost, as an expert exhibitor said, "at least \$200.00," but the cheaper box did quite as well and the results were all that could have been asked.

Aurora, Chicago Heights, Olney and Champaign-Urbana also presented exhibits or reports of their public health nursing work, and to quote Dr. Wm. A. Evans in the *Chicago Tribune*:

It is safe to predict that before the next Conference there will be a material increase in the number of county nurses and dispensaries.

As Dr. Palmer of Springfield said, the difficulty in finding money for welfare work ceases soon after the nurse makes her first report.

When the people in the smaller cities, the towns and the country districts learn of the sick and needy people that the nurse has found, they become willing to help out.

This is a pretty fine compliment and we wish that there were more nurses ready to respond when the call for them comes. Washington, Wisconsin and Minnesota are all asking for nurses with public health training or experience.

The report of the first year's work of the Winnetka visiting nurse will interest nurses who are working alone in small towns or villages. One hundred and eighty nine patients from 110 families, representing twelve nationalities, were called upon 1808 times during the year. To a passing motorist, Winnetka looks like a prosperous suburban village with many beautiful homes and no poor ones. To a social worker from the New York east side, Winnetka would appear strictly rural and with no plague spots. To the ex-Chicago visiting nurse, Mary Garretson, who has done all this with the school work, and who organized fortnightly mothers' meetings, is due much of the credit for this lack of congestion and bad housing condition. Every community, no matter how small, has its problems and its poor, even if the latter are not as glaringly in evidence as they would be in the city. A go-between is needed, also an investigator and health police-women, and a good visiting nurse is something that no community can afford to be without. A quotation from Miss Garretson's report will show how well she is serving to interpret and introduce her patients and the rest of the village to each other.

If we were to name the people who have helped during the past year and eight months, we would include a large part of the population of Winnetka. In countless ways, many people have stood ready to help and it is only because of this general interest that we have accomplished what has been done.

An Illinois public health nurse enlivened a long summer vacation by nursing in a very rural district in Missouri. Her first patient was a little chap of eight years who was slowly convalescing from an appendectomy, complicated by a fecal fistula. After the first few anxious days, Raymond's remarks were more interesting than his temperature, so the nurse recorded both.

Raymond had been getting egg nogs minus the "stick." He had also been getting alcohol rubs. One day upon giving the lad his egg nog, he said "I get the egg inside and the nog out, don't I nurse?"

Doctor to Raymond, during dressing of wound. "Better keep your eyes away, boy, while we're dressing you!" Raymond, "But I want to see when to flinch, doctor."

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The following are "sure cures" implicitly believed in in that district:

To prevent bed sores, put pan of water under patient's bed.

To prevent "after pains" put axe under bed (favorite tried and true remedy with colored mammies).

Sure sedative, put shoes under bed with toes pointing out.

When burying amputated limbs be sure fingers and toes are straight, else patient will have excruciating pains in stump.

The second annual report of the Social Service Committee of the Children's Memorial Hospital, Adelaide Walsh, R.N., director, indicates a splendid piece of hospital organization. The Committee consists of 30 active and 51 sustaining members, whose dues and subscriptions largely support this department. The work is divided among four committees, advisory, membership, visiting and clothing, and a very close coöperation has been established with twenty or more institutions and societies. 2119 patients were followed up, advised or referred during the year, to 19 different agencies. The Committee has also become a corporate member of the National Organization for Public Health Nursing. The report of its Chairman places much of the credit for this year of good work where it rightfully belongs, on Miss Walsh's shoulders. Her enthusiasm and interest in her work is contagious, and she understands the secret of fine teamwork.

KANSAS. The University of Kansas has opened a department of Child Welfare, said to be the first of its kind in an educational institution in the United States. It plans to make its courses in child psychology available for parents all over the state, to give instruction in child welfare work and to organize throughout the state parents' and civic improvement societies that will look after the welfare, especially the social and recreational, of all children. Perhaps this department is the forerunner of better, bigger things for Kansas in the field of public health nursing.

OHIO. The Columbus Society for the Prevention of Tuberculosis has recently opened its first Open-Air School for Tuberculous Children. Twenty-five are in attendance and the school is to be opened every day but Sunday. This is getting back to the original Boston idea, that children in these schools are not well children, and need more observation than normal children. The Saturday routine is to be varied and will not follow closely the regular school routine. Six days is infinitely better for these children than five, if their mothers can be persuaded to spare them on Saturday. In Chicago, too many children were absent every week to make Saturday school feasible, but in Boston, and in the Chicago summer schools this plan worked very well. Bessie M. McMullin R.N., the head nurse, and Blanche Chenowith,

the school nurse and the teacher of the Open-Air School were sent to Chicago to inspect the roof-schools and open window rooms in the public schools, before the Columbus Schools were opened.

The Columbus Society requires that all the staff-workers shall be socially trained either before accepted on the staff or while with the Society. A part of this special training is secured at the Ohio State University, where the nurses are admitted as special students, to a year's course in sociology. They attend three one-hour sessions weekly, paying the tuition themselves, but being given the time by the Society. The first semester is devoted to a survey of modern charity, and takes up the treatment of the dependent and defective classes, embracing a review of the history of poor relief in Great Britain and the United States; outdoor and indoor relief, both public and private; organized charity; the treatment of the vagrant, the care of dependent children, the insane, the feeble-minded, the epileptic and the education of the blind and deaf. The work of the second semester includes criminology, a study of crime, and the social and physiological causes of crime, a classification and study of the criminal with reference to the character of the various types and the causes of each, an historical study of prison systems and methods, the indeterminate sentence, the probation, and parole laws, the Juvenile Court and its agencies to prevent crime.

Such a course would be of inestimable value to all public health nurses living in university towns. Are other schools and societies as liberal and as fortunate as those of Columbus?

MICHIGAN. The Detroit District Nursing Society, one of the oldest and largest auxiliaries of the Detroit Visiting Nurse Association, in addition to the entire support of two of the staff nurses, has this year contributed to their educational advantage in large measure. It has made it possible to send them for a three months' course of study to the Chicago School of Civics and Philanthropy. Louise Kitscher and Alice Walker are the two nurses who are now profiting by their opportunities.

The Tau Beta Alumnæ Association of the Liggett Home and Day School is another of the auxiliaries that has for many years contributed literally in service, time and money to the Visiting Nurse Association. Twice a week members meet and prepare diets for the sick poor, and they personally distribute them into the homes of the patients. They also support entirely one nurse, Henrietta Potts, and through their generosity she is likewise enjoying the privileges of a course in the same school. The nurses are interested and appreciative of their rare educational advantages, and they are applying themselves to their work with enthusiasm. The salaries are paid to the nurses during their absence by the respective auxiliaries.

HOSPITAL AND TRAINING SCHOOL ADMINISTRATION

IN CHARGE OF
MARY M. RIDDLE. R.N.

THE HOME LIFE OF THE PUPIL NURSE

By MYRTLE YOUNG

Physical and Social Director of Nurses, Newton Hospital

What are the needs of the pupil nurse which the home life of the institution should supply? Her hours being long and her duties absorbing, she has less time or inclination to seek inspiration and diversion apart from her work than almost any other woman in professional training. For the time being she is, perhaps, somewhat apart from the other workers of the world and as a result her interests narrow. Unless her home life reflects a genial warmth which calls forth her spirit of hospitality, her charm of voice and manner, unless her viewpoint is broadened by occasional contact with those who represent progress in other than her chosen field, and unless her soul is moved with thoughtful contemplation of the deeper things of life, she has missed much in her pursuit of a technical training, and as a graduate nurse may feel a lack when she compares herself with the women of other professions. This twentieth century atmosphere must be regarded. We have gone a long way forward in the last thirty years and, upon the whole, the progress has been along lines of elevation and dignity.

Through the kindly generosity and thoughtful interest of the trustees of the Newton Hospital Training School for Nurses, the school home is beautifully located and provided with all the comforts and many of the luxuries to be found in any well-ordered home. Not alone have the physical needs been considered, but those of the mind and soul, for music, pictures, books, and magazines are here in happy plenty. With loyal enthusiasm, the officers of the school have given freely of their own time in directing the social activities of the pupil nurses along those lines which make for the greatest pleasure of all and the establishing of a genial home spirit.

Now in this delightful environment the question has arisen whether with this excellent equipment each nurse is receiving the highest degree

of comfort, pleasure and profit. After trustees have provided, and officers have directed, is there not lacking much of the real home background which could be in part supplied if these daughters of many mothers continue in the institutional home to be like Mrs. Browning's heroine in a familiar poem, "'Tis her thinking of others, makes you think of her." Cannot the same generous and impersonal spirit which characterizes the nurses' work continue filling every little space and crevice of her temporary home with sunshine and sweetness? There are numberless little services which make for the pleasure and comfort of each other that no helper in the work of the home can be expected to perform and yet they are so important that in their performance there lies the difference between a "place to live" and "home." Our pleasure in a favorite picture, song or book is often doubled in the knowledge that we have helped another to an appreciation of it. And here appears an opportunity to increase the interest and pleasure of every nurse in her training school home, mainly by leading her to an appreciation of all that the kindly forethought of others has provided and then suggesting that she lend a hand for the same end to others.

Her spirit of hospitality may express itself most informally and delightfully in the bi-monthly club meetings. These are class organizations which meet for an evening hour for a short discussion of current events, a new book, or to relax in the joy of a half hour's dancing. Then follows the business meeting which is usually of the briefest kind and then the two hostesses of the hour serve their guests a dainty refreshment. Occasionally a guest, a representative of another club, a graduate nurse, or an officer, will give real pleasure by her presence at this play hour. On a more extensive scale, a group of nurses may serve as entertainers, ushers, or waitresses at a Saturday Night Party; not a big effort only a quiet evening in the living room with songs and stories, a masquerade dance in the recreation room, or a little talk on another land with accompanying pictures.

And on the seventh day, what then? Rest? Yes, a half day, and how thankfully received only a nurse perhaps can tell. But what of the institution of the Sabbath? Every encouragement to church attendance may be given and yet the exigencies of the hospital doubtless do sometimes prevent the carrying out of good intentions, and vesper services can be held in the Home at different hours for day and night nurses. Under a Young Woman's Christian Association organization these services apparently can do the greatest amount of good, nurses are actively engaged in Christian work, closely related to a great world service for all women, they come in actual contact with inspiring speakers and their interests go far beyond the confines of their own school.

Among a host of other questions as to what the home life should do for the general development of this young woman comes the query in regard to her health. In some instances she comes to her training with a well-established order of physical exercises and, appreciating their inestimable value, continues her regular exercises in the open air, if only for a few minutes a day, but there are many, too, accustomed to a more or less irregular outdoor life who continue their previous régime most irregularly. The result is a succession of days spent in the ward and class-room without the invigorating tonic of God's out of doors.]

Our complex hospital life gets us running many times into grooves, so that we are apt to miss for long periods the all-round completer life. We are led at times almost to forget that the stars come nightly to the sky, or even that there is a sky, and we need changes from the duties and cares of our accustomed everyday life. They are necessary for healthy normal living. Tennis, skating, walking, or just sitting down in a restful spot by oneself *alone* will do wonders. A half hour, alone in the quiet, would be a source of gain to many. A walk in the early morning in the woods and fields will bring the night nurse into closer contact with all inanimate nature and cannot fail to find her growing in love and appreciation of it. She needs these changes to get the kinks out of her mind and her nerves, and to whet again the edge of appetite.

It is not so much the question of how much time one has, as what one does with that which one has. In the nearby future, we may look to see systematic physical training for the pupil nurse quite as much as for any other young woman preparing to earn her livelihood, and what happier road to follow could there be than along the path of study in the science of tone production which leads you back to one of nature's perfect gifts, a beautiful voice. Dr. G. A. Brouillet summarizes conditions in his recent book, *Artistic Tone Production through Natural Breathing*. The principles of tone production are the same for all the arts pertaining to the voice, namely, speaking, reading and singing. The lungs are the motive power of the vocal organs and to become a good speaker or reader, one has to be the possessor of healthy lungs. Practical anatomy shows that the lungs in people of today, through lack of proper exercise, do not get the intended development, hence the few good voices we now hear. In a professional way, and as a satisfaction to herself, the pupil nurse is making a valuable gain when she acquires the principles of tone production. At the same time she is keeping herself in excellent physical trim, for the foundation of all use of the voice lies in the breath. A few minutes each day, week after week, and month after month, will do wonders. Exercises can be

practiced almost anywhere, and at almost any time during a busy day, although the open air is most to be desired. After one month's trial with only one class hour a week, the results appear so encouraging that we believe a partial solution is found to this vexing problem of physical exercise. The nurse's duties are physically oftentimes too arduous to require of her a different physical exercise when she is off duty, even though in many ways it may be something much to be desired. By this method she is not over-taxing herself; she has a definite object in being in the open, if only for a few minutes each day.

"It is not always the ablest and best trained physician who gains the largest practice and the greatest fame," suggests Dr. T. D. Crothers, superintendent of a Hartford, Conn., hospital, and he finds a new reason for their failure in the lamentable lack of musical, well-trained voices among members of his profession. "A good voice not only creates a favorable impression of ability, but it is often of positive benefit to a patient." How necessary the systematic training is to the nurse we can realize only when instead of the harsh, broken tone with the nasal inflections, we hear the voice of one of Shakespeare's women:

Her voice was ever gentle, soft, and low,
An excellent thing in woman.

Briefly, then, our institutional home needs to take the place of the family circle, to radiate hospitality, to bring within its walls men and women whose tales of inspiring work are in other fields and to supplement around the hearthstone the technical training of the school. Our aim is to invite the mind and soul of each young woman to new possibilities and powers.

NOTES FROM THE MEDICAL PRESS

IN CHARGE OF

ELISABETH ROBINSON SCOVIL

HOSPITAL ADMINISTRATION.—In an article on this subject in the *Boston Medical and Surgical Journal*, Dr. F. A. Washburn says too many small hospitals are started without adequate provision for their support. The result is a constant struggle and a probable attempt to make the unfortunate nurse in charge carry a greater burden than anyone should be asked to carry, both in hours of work and responsibility.

VIABILITY OF THE PREMATURELY BORN.—*The Journal of the American Medical Association*, quoting from a French contemporary, says that an infant born at the sixth month of pregnancy lived for two months. Another born nearer the fifth than the sixth month lived for a month. An infant measuring less than ten inches survived for twenty-one hours. The findings at the autopsy confirmed the history of the case as a birth four and a half months after conception.

RECTAL EXAMINATION DURING LABOR.—The same journal, reporting a paper in a German contemporary, says that the substitution of examination by the rectum instead of the vagina during labor materially lessens the danger of infection. The skull, fontanel, sutures and the breech, if presenting, can be palpated through the rectum and the mouth of the uterus felt if the edges are thick. All necessary information can thus be obtained.

AUTOTHERAPY IN SURGERY.—Dr. Charles H. Duncan, in the *American Journal of Surgery*, says that if a fresh wound is immediately placed in the mouth purulent infection will be aborted. The microorganisms present in the wound, entering the system through the mouth, stimulate the leucocytes to overcome the invaders. If surgeons, or nurses, would immediately suck any wound they may receive in contact with a patient, and repeat the process whenever there is irritation, there will be no more deaths from this cause; the wound will heal by first intention.

In an infected wound he recommends that twice a day, at the dressing, about four inches of the blood stained gauze immediately over the wound should be cut off, placed in a four ounce bottle of tap water well shaken and the liquid given the patient to drink. Under certain

conditions he gives the remedy hypodermically. The patient is suffering from his own toxins, when these are placed in comparatively healthy tissues the reaction developed is exactly antagonistic to them and is the specific resistance to the disease.

SOCIAL SERVICE IN HOSPITALS.—In an excellent paper on this subject in the *Medical Record* Isabel M. Stewart, R.N., says the medical man approves of the social service department because it makes his work effective. The hospital approves, because it saves the needless waste of its resources, preventing so many re-admissions. The nurses approve heartily, because it assures to the patient that kind of human help which they themselves have always tried to give in some degree, but can give so inadequately in the rush and hurry of the busy ward. Medical social service is largely an extension of the nurses' duties in the wards, with more time to concentrate on the social and educational side of nursing work, which Florence Nightingale defined as "helping people to live."

Miss Stewart thinks the time may come when we will consider a course of lectures on the sociology of disease and a short term in the social service department as essential to a nurse in training as the course in anatomy or the term in the operating room. The most economical hospital board may eventually feel that it pays better to give its nurses time to care for their patients' social and mental as well as their bodily welfare, instead of utilizing all their time and energy in an endless round of household work which belongs far less strictly to the duties of a nurse.

[A CLEAR VIEW THROUGH A WET WIND SHIELD.—*The British Medical Journal* recommends applying the following solution to the wind shield of an automobile in wet weather, sodium chloride 1 dram, water 1 ounce, glycerine 2 ounces. A piece of gauze is dampened with the mixture and wiped over the glass, always in a downward direction, leaving a very thin film. This is a boon on a wet night on a dark road.

IMPORTANCE OF ABSTINENCE FROM LIME IN ARTERIO-SCLEROSIS.—*The Journal of the American Medical Association*, quoting from an Italian contemporary, says that experiments confirm the importance of lime as a factor in disease of the arteries. Foods should be used that contain comparatively little calcium, as bread, meat, potato and rice. Cheese, milk, eggs and ham contain a large proportion of lime. A lime-free diet has a greater effect on the elimination of calcium than any drug known.

IODINE IN PROPHYLAXIS OF DIPHTHERIA.—It is recommended to paint the tonsils with tincture of iodine when diphtheria bacilli are

found in the throat a week after the close of an attack. Chronic bacilli carriers were freed from the bacilli in a few days under iodine. The disease is disseminated very effectually by carriers, who should therefore be strictly disinfected.

DIET IN URTICARIA.—*The Journal of the American Medical Association* reports from a German source the striking results in restricting albumen in the diet of those suffering from urticaria. Milk, eggs, cheese and meat were forbidden for two weeks. Potatoes, rice, cereals, plenty of butter and sugar and a little bread made of coarse flour were permitted, with the addition of tea, coffee, bouillon, lemon and grape juice.

SANITATION AND TYPHOID VACCINATION.—In an editorial on this subject the *Medical Record* says antityphoid inoculation is undoubtedly protective. The recently-issued report of the British Army Commission shows that the immunity following it lasts for two or three years only. There seems to be some foundation for the fear that typhoid inoculation may light up an incipient tuberculosis, or weaken the natural resistance to that disease. These disadvantages ought not to count against the employment of the measure in an emergency, as in the case of hospital physicians and nurses. When there are many typhoid patients the risk of direct infection for the nurses is very great and absolute safety for them lies only in preventive inoculation.

DIET IN HABITUAL CONSTIPATION.—In the *Missouri State Medical Association Journal*, Dr. J. M. Bell advises food containing a large amount of cellulose, woody fiber, which does not digest but reaches the colon as cellulose, leaving a bulk of residue to stimulate weakened muscles and blunted nerve reflexes. Abundance should be eaten as constipation is sometimes the result of too small a quantity of food being taken. Rice, mashed potato, white bread and tender meats to be used sparingly. Bran in some form is to be eaten every day, dry with cream, or made into muffins, or bread. Figs, dates, or raisins are indicated.

HYPNOTICS IN INSOMNIA.—*The Journal of the American Medical Association*, quoting the *British Medical Journal*, says that in every case it is well to make sure that sleeplessness really exists. Many persons are mistaken on this point. Insomnia is only a symptom and the cause should be carefully investigated. Drugs should be deferred as long as possible; the sleep induced by them differs materially from natural sleep. Treatment should be directed towards the removal of the cause. General measures for promoting sleep should be tried; modification of the habits as regards work, rest, diet, exercise, etc. The conditions of the bed and bed room should be considered. The taking

of a hot drink at bed time is useful. Baths, douches, warm or cold packs should be tried before resorting to drugs.

INTERVAL BETWEEN ACTS OF NORMAL RESPIRATION.—There is normally a pause between the end of expiration and the beginning of inspiration. If the breathing is abnormal there is no interval. Its reappearance shows an improvement in the condition.

LETTERS TO THE EDITOR

(The editor is not responsible for opinions expressed in this department.)

JOURNALS ON HAND

DEAR EDITOR: Having been a subscriber to THE AMERICAN JOURNAL of NURSING since its beginning, I have many back numbers to dispose of, to those wishing to complete files.

ANNIE RHODES,
426 E. 26th St., New York City.

A NEW VARIETY OF FEVER

DEAR EDITOR: This is too good to keep: One of the doctors in this little town was called to the country to see a case. A would-be nurse was much in evidence. "Has the patient had any fever?" asked the doctor. "Oh, no," she replied, "her fever's unanimous."

South Dakota.

G. V. B.

"THE HAVEN COUNTRY CLUB"

DEAR EDITOR: Readers of the JOURNAL will be interested to know that the work of "The Brownery" is to be continued under a new name, "The Haven Country Club," opened on November 15, at Nyack-on-the-Hudson, New York.

Over six years ago, Mr. and Mrs. John Crosby Brown offered, and fully equipped, one of their houses on Orange Mountain, New Jersey, for the use of nurses, social workers and students, needing change.

This refined home, prepared with loving care and forethought, proved a wonderful success, and many tired workers availed themselves of the opportunity to obtain rest and convalescent care at reasonable rates. Through all these years "The Brownery" was fortunate in having the invaluable services of Miss May Claxton, a devoted nurse, through whose wide sympathy, intelligent care, and wise judgment, the guests were entertained and made happy by restored health. The position of Resident Nurse has been offered Miss Claxton in the new Club, but much to our regret, and to hers, she has been obliged to decline on account of family matters.

A fine large house, beautifully situated, with views of the Hudson, has been secured at a nominal rental, through the kindness of Mrs. Helen Hartley Jenkins, who purchased the house. The entire furnishings of "The Brownery" have been presented by Mrs. Brown, who has also become a sustaining member for two years. Several other friends have become sustaining members for two years, when it is hoped that the club membership will make it possible to continue, thus affording its members opportunity for rest, convalescent care, recreation and enjoyment of country life.

New York.

ANNA C. MAXWELL, R.N., President.

SPECIAL NURSING IN HOSPITALS

DEAR EDITOR: I have been a silent reader of your JOURNAL for many years. Recently I have been much interested in the letter on special nursing in hospitals, and would like to add my mite to the discussion.

I did private nursing for ten years and many times speialed in different eastern hospitals. I was always treated with every consideration and courtesy. Of course there were not always separate dressing rooms and sleeping rooms provided for us, but realizing the usual crowded condition of the ordinary hospital, I did not consider that a matter for criticism, and particularly on the part of the hospital management.

For the past three years I have been superintendent of a general hospital and think, I now see why specials are not always welcomed with open arms; some of my experiences having been unsatisfactory.

As a rule, when going through the corridors, I find the specials entertaining my pupil nurses, not only to the neglect of their own work but to the hindrance of the pupil as well. The specials do not appear to think that the rule of putting everything in its place in a clean and orderly condition applies, in the least, to them; glasses, spoons and appliances used in their work usually being left for the pupil nurses to attend to. Their telephone calls are sometimes so numerous as to almost necessitate an extra bell boy for their exclusive use, and last, but not least, one special nurse visited another patient's room and for some reason decided he needed an enema, which she proceeded to give, without any order whatever from the attending physician or permission from those in charge of the hospital.

There are two sides to all questions, and occasionally the specials may find that the fault lies with themselves.

J.

Mississippi.

"THE NURSING OF QUADRUPLETS"

DEAR EDITOR: Some time ago you noted the death, in March, 1913, of Virginia, the eldest of the quadruplets born in August, 1912, in Dorchester, Massachusetts. In May, 1913, Eleanor, the tiny one, died, probably of marasmus.

Barbara and Josephine are still thriving.

Massachusetts.

E. O. BOSWALL.

HOW WE FED OUR TRIPLETS

DEAR EDITOR: The readers of the JOURNAL may be interested to learn of our method of feeding triplets.

On September 19, 1913, Mary Nicosia, Italian, 28 years of age, gave birth to boy triplets. These babies were born on our tenement service, and about twenty-four hours elapsed before we succeeded in getting mother and babies into the hospital. Before they were six hours old they were taken to the church to be christened.

Mother and babies were discharged on their thirty-fourth day in good condition. The mother being a very healthy woman was able to nurse the babies according to the schedule as worked out by our resident physician and head nurse, as follows:

Schedule for times for feedings of triplets

	5 a.m.	7.30 a.m.	10 a.m.	12.30 p.m.	3. 30 pm.	6.30 p.m.	9 p.m.	11.30 p.m.
No. 1	R.B.	6-20	L.B.	R.B.	6-20	L.B.	R.B.	6-20
No. 2	L.B.	R.B.	6-20	L.B.	R.B.	6-20	L.B.	R.B.
No. 3	6-20	L.B.	R.B.	6-20	L.B.	R.B.	6-20	L.B.

Each baby nursed twenty minutes at each feeding. "6-20," Miss each bottle feeding.

NOTE—R.B., right breast; L.B. left breast; "6-20," whole milk formula.

Upon admission to the hospital their weights were 4 lb. 13½ oz.; 4 lb. 14½ oz.; and 4 lb. 11 oz., respectively. Upon discharge, their thirty-fourth day, these weights were 6 lb. 1½ oz.; 5 lb. 10 oz.; and 5 lb. 12 oz., respectively. You will note that number two, who weighed the most upon admission, weighed the least upon discharge, while numbers one and three made good gains.

This schedule was varied according to increase or failure in weights as, for instance, supposing number one, or two, who was getting the 6-20 three times in the twenty-four hours, lost weight; he would be changed to place of number two, who, on that particular day was getting the 6-20 but twice in the twenty-four hours.

You will also note that each baby had one twenty-four hours with six breast and two bottle feedings between two periods of twenty-four hours of five breast and three bottle feedings.

It may be of possible interest to learn that this was our second set of triplets within two months. The others were all girls, and one, number two, lived only about ten days.

They were also born on our Outdoor Service, and the mother could not be prevailed upon to come to the hospital.

NANCY E. CADMUS, R.N., Superintendent.

Manhattan Maternity and Dispensary, New York.

GENERALIZING

DEAR EDITOR: The quotation from *The British Journal of Nursing*, on page 39 of the October JOURNAL, was keenly interesting to me, for a double reason, first, because I quite agree with the writer that nurses should be students of subjects pertaining to nursing, and I furthermore maintain, that nurses should not merely specialize but generalize. An exceedingly profitable course of instruction, which I have just finished, at no great expense, was one planned by the Pennsylvania State Sabbath School Association. At first thought, this may appear to have no bearing upon any knowledge a nurse needs in her work, but by so thinking, we err. Let us remember, that Christ, the Divine Healer, and Luke, the beloved Physician, were forerunners in all that is great in the healing art, today.

The first book I studied was *Preparation for Teaching*. After five examinations, conducted by the superintendent of the local Sunday School, who received the question papers from state headquarters, I was granted the state diploma. Fitting exercises for the presentation of these diplomas, to my classmates and myself were held in the village church. But the state diploma was by no means complete; there were spaces for six seals, and I had to go to work. The adage tells us, that "faint heart never won fair lady," and, to my way of thinking faint

heart never won much of anything, so I proceeded to tackle "Old Testament Outlines," during what spare time was afforded on and between cases.

After that came another examination, then "New Testament Outlines," followed by an examination and the gold seal. This seal so enhanced the beauty of my diploma, that determination to win the silver seal induced me to take up the study of *The Child for Christ*. Of course, I couldn't stop there, because the green seal was greatly desired, but in order to get it I was obliged to study *Sabbath-School Methods*. *Missions in the Sunday School* for the purple seal; *The Unfolding Life* for the blue, and *The Seven Laws of Teaching* for the red, completed the state diploma, but the end was not yet. An international diploma could be had, for the satisfactory passing of an examination in church history. Nothing but that international diploma would satisfy me, for this little line, learned in early life, clings ever to me, and often spurs me on: "What is once begun should always be done." All the spare time three years had to offer me was devoted to this course, and every moment's study was time well spent. Permit me to be most emphatic about "spare time," for never was my work neglected.

The public exercises connected with the presentation of the international diplomas, were so well received, that a local paper devoted half a column to the description.

All the patients I had, while struggling, along with these studies, were interested. One dear old lady remarked that she admired a nurse who knew something beside just being a nurse.

Pennsylvania.

MARY ELLA HOFFMAN, R. N.

TALKS TO COLLEGE GIRLS

DEAR EDITOR: I have been much interested in the suggestions in the JOURNAL for giving high school and college students information concerning the nursing profession. As a college woman and graduate nurse, I have been anxious that more college women should become interested in nursing. When I was doing institutional work in a college town, I had opportunity, through the Young Women's Christian Association, of talking to the college women, and I never had a more interested audience or one that seemed to know as little about our profession. The idea came to me that some one might be appointed to once a year make a tour of the state, talking to the students.

I do not know enough about state boards to know whether this could be done by them. The lack of information disclosed by my one experience made me feel perhaps this is the reason we are having difficulty in getting the best material for our training schools. I felt, as I imagine a missionary must feel when he finds an eager inquiring audience, that all the world must know his gospel.

Illinois.

M. M.

PERMANENT MEMBERS

DEAR EDITOR: If a nurse has been a delegate to the American Nurses' Association two or more years ago, and she attends another meeting now, say next year, 1914, and presents credentials from an association affiliated with the National, can she become a permanent member? There was a difference of opinion in our state meeting, some saying we had to attend as a delegate this year or after this year, then one other meeting, and we could then become permanent members.

Missouri.

M. M.

The writer labeled this question, "Foolish Question, No.—?" It does seem impossible to define permanent membership in words that will be clearly understood. The first statement in the letter above agrees with the facts. A nurse must have been once sent as a delegate, after that one time, at any subsequent meeting which she attends, she may become a permanent member by presenting credentials and paying dues.—Ed.

SUGGESTION FOR ALMSHOUSE COMMITTEES

DEAR EDITOR: In your September issue the Committee on Almshouse Nursing speaks of the religious needs of the inmates of such institutions. The spiritual welfare of the people in public institutions is too much neglected by our Protestant churches, largely through an ignorance for which there is little excuse. I suggest that your Nurses' Association bring the needs of public institutions before the state conventions of the various Protestant denominations. You will be heard with interest.

Nearly all the Protestant denominations are organized into a national body—the Federal Council of the Churches of Christ in America, with subordinate federations in most of the states. These state bodies, like the separate denominations of which they consist, meet annually. If you will present the needs of your patients to these various state bodies, you will not only benefit your patients, but also the church, which always needs the stimulus of concrete opportunity for work. By presenting these needs to all the denominations you make sure that if, as sometimes happens, one denomination rejects the opportunity, some other body will be found that will jump at the chance. In the large cities the weekly meetings of the ministers can be reached easily and should not be neglected.

For the addresses of secretaries of state federations, write to the Rev. C. S. Macfarland, 1611 Clarendon Building, New York, secretary of the Federal Council.

Rutland, Mass.

BAYARD E. HARRISON.

HELPFUL TABLE TALK

DEAR EDITOR: When I entered training, I was amazed at the free conversation at the tables, concerning patients, nurses, and doctors. As the months passed, I am ashamed to say I talked as much as any one, I suppose, on the routine subjects. I believe my training school is one of the best in the country, too. Since I have been out in institutional work myself, I have made it a point to take a Chicago paper. A nurse is assigned to look after the current events for a definite length of time. She informs herself, brings the paper to the table, and reads a topic between servings.

At first, it was up hill work, the nurses regarded it almost as a punishment, now they seem to realize that they must learn to read intelligently and know what is going on in the world outside our hospital walls.

The pupil nurses know more about what is going on in the country at large, than do the graduates who come into the hospital on cases.

On Sunday we have *The Outlook*, or something equally wholesome. It is a pleasure to hear some nurse start the conversation by speaking about some article she has read on some subject, away from the table, showing that the seed once planted will bear fruit of its own accord.

I would appreciate any suggestions to perfect this plan.

Illinois.

NURSING NEWS AND ANNOUNCEMENTS

NATIONAL

REPORT OF THE ISABEL HAMPTON ROBB FUND

Previously acknowledged.....	\$13,435.32
Alumnae Association, Bellevue Hospital, New York, E. G. Paulding, treasurer (Sustaining).....	25.00
Alumnae Association, St. John's Hospital, 1247 W. 4th St., Red Wing, Minn., Emily Holst, treasurer (Sustaining).....	10.00
Rachael Wightman.....	1.00
Miss McPherson.....	1.00
Miss Fellmore.....	1.00
Annie Edwards.....	1.00
Laura MacMillan.....	1.00
Mrs. Arabella Dale.....	1.00
Leila Bennett (Sustaining).....	2.00
Grace Denny (Sustaining).....	2.00
Evelyn Wood (Sustaining).....	2.00
Mrs. A. W. Hawley (Sustaining).....	2.00
(All through Mrs. Mary S. Hawley, R. N., 718 E. Howell St., Seattle, Wash.)	
Nurses' Training School, Wayside Emergency Hospital.....	5.00
Lakeside Alumnae Association, Cleveland, O., N. Ersenhard, treas- urer.....	10.00
Luell C. Meier, corner Henry and Amity Streets, Brooklyn, N. Y.....	1.00
North Carolina State Nurses' Association, L. E. Henderson, treas- urer, 909 W. Ave., Charlotte, N. C.....	10.00
Alumnae Association, Hahnemann Hospital, Philadelphia, Pa., Edith M. Frescohn, treasurer.....	15.00
Association of Graduate Nurses, Wisconsin, Emma A. Katz, treasurer	10.00
Alice L. Cronan, 1524 Grove St., Oakland, California, Sophia L. Rutley	3.00
Alumnae Association, New England Hospital, Roxbury, Mass., D. Hodgins, treasurer.....	10.00
Alumnae Association, St. Luke's Hospital, Richmond Va.....	10.00
Leola Steele, 306 South Union St., Natchez, Miss.....	2.00
California State Nurses' Association, 531 Forum Building, Sacra- mento, California, Margaret A. Pepoon, treasurer.....	75.60
St. Luke's Alumnae Association, Chicago, Ill.....	25.00
Georgia State Association of Graduate Nurses, Leesville, S. C., Annie P. Cameron, treasurer.....	25.00
Alumnae Association Episcopal Hospital, Philadelphia, Harriet E. Parker, treasurer.....	50.00
Nancy E. Cadmus, 327 E. 60th St, New York City.....	20.00
Alumnae Association of Colorado Training School, Denver, Colo- rado, Ethel E. Hedges, treasurer.....	15.00

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Alumnae Association of Church Home and Infirmary, Baltimore, Md., Margaret Elliott, treasurer.....	\$5.00
Annie W. Goodrich, State of New York, Education Department, Albany, N. Y. (Sustaining).....	10.00
Somerville Hospital Alumnae, Somerville, Mass. (Sustaining).....	10.00
Total.....	\$13,795.92

Those sustaining members, either individuals or associations, whose pledges are in the hands of the committee, and who have not met their obligations for 1913, are requested to do so in order that the books may be cleared and the new year commenced with a clean record.

All contributions should be sent to Mary M. Riddle, Newton Hospital, Newton Lower Falls, Mass., and all drafts, money orders, etc., should be made payable to the Merchants' Loan and Trust Company, Chicago.

MARY M. RIDDLE,
Treasurer.

REPORT OF THE NURSES RELIEF FUND; NOV. 1, 1913

Receipts:

Previously acknowledged.....	\$447.51
Interest on bond.....	20.00
Jeanette L. Jones, Superintendent South Side Hospital, Pittsburgh, Pa.....	5.00
Newton Hospital Alumnae Association, Mass.....	5.00
Samaritan Hospital Alumnae Association, Philadelphia, Pa.....	5.00
Illinois Training School for Nurses.....	50.00
Georgia State Association of Graduate Nurses.....	15.00
L. A. Giberson, Chairman Calendar Fund.....	200.00
Second pledge—14 Individual members, City Hospital, Minneapolis, Minn., Harriet Cooke, Mrs. M. Clyde, Mathilda Carlson, L. L. Christensen, Ella Coffin, Gudrun Grenager, Louise Knapp, Sophia Lovestead, Caroline Ludeman, Mrs. Howard Miller, Margaret Monroe, Lucy Ramsted, Elizabeth Sprague, Margaret Stoltenberg, \$1 each,	14.00
Theresa Erickson, R.N. Pasadena Cal.....	3.00
Graduate Nurses Association of Richmond, Va.....	5.00
Alumnae Association of the Colorado Training School for Nurses..	15.00
Medico-Chirurgical Hospital Alumnae Association, Philadelphia, Pa.	25.00
L. A. Giberson, Chairman, Calendar Fund.....	41.55
St. Joseph's Hospital Alumnae Asso., Kansas City, Mo.....	5.00
North Carolina State Nurses' Association.....	10.00
Margaret J. Thompson, Washington, D. C.....	5.00
Frida E. Aurell, New York City.....	10.00
	\$881.06

Disbursements

The De Lone-Ehmling Company, on account for calendars.....	600.00
Exchange on cheques.....	1.48
Eureka Printing House, 1000 letterheads, 1000 envelopes.....	7.00
Expenses of L. A. Giberson, Chairman.....	17.92
	\$626.40
Balance November 1, 1913.....	\$254.66

Contributions for the Relief Fund should be sent to Mrs. C. V. Twiss, R. N., Treasurer, 419 W. 144th St., New York, N. Y., and checks made payable to the Farmers Loan and Trust Company, New York. For information address L. A. Giberson, R. N., chairman, 33d and Powelton Avenue, Philadelphia, Pa.

In addition to the list published last month, the following have charge of the sale of calendars in the various states:

Colorado—Mary B. Eyre, R. N., 1942 Pennsylvania Ave., Denver.

North Dakota—Emily Holmes Orr, R. N., 607 Cottonwood St., Grand Forks.

Indiana—Mae D. Currie, R. N., 21 The Milliken, Indianapolis.

Kansas—Miss A. R. O'Keefe, R. N., 1245 N. Market St., Wichita.

Maryland—Elizabeth P. Hurst, Central Directory, 1211 Cathedral St., Baltimore.

Washington—Lillian Carter, The Children's Orthopedic Hospital, 2107 Warren St., Seattle.

Iowa—Anne J. Jones, 228 K. P. Block, Des Moines.

Missouri—Sallie J. Bryant, 2708 Montrey St. St. Joseph.

Oregon—Jane Doyle, R. N. 674 Kearney St., Portland.

Oklahoma—Mabel Garrison, R. N., 1701 West 15th St., Oklahoma City.

Utah—Miss E. Shellabeger, St. Mark's Hospital, Salt Lake City.

L. A. GIBERSON, R. N., Chairman, Philadelphia,

ADDA ELDREDGE, R. N., Chicago,

ELIZABETH GOLDING, R. N., New York,

LUCY MINNIGERODE, R. N., Savannah,

EVELYN WOOD, R. N., Seattle,

Relief Fund Committee.

ARMY NURSE CORPS

APPOINTMENTS. Katherine Y. Harrison, graduate of St. John's Riverside Hospital, Yonkers, N. Y.; Margaret J. Stevenson, Samaritan Hospital, Troy, N. Y.; Margaret M. Cronin, Metropolitan Hospital, Blackwell's Island, N. Y.; Emily L. Richards, Metropolitan Hospital, Blackwell's Island, N. Y.; Joana Meehan, Pittsburgh Hospital, Pa.; Emily K. Frey, Homeopathic Hospital, Rochester, N. Y.; Rita Chambers, Metropolitan Hospital, N. Y.; Rose A. Young, New York City Training School, N. Y.; Grace B. Gooding, Protestant Deaconess Hospital, Indianapolis, Ind.; Alice A. Rowe, Western Pennsylvania Hospital, Pittsburgh, Pa.; Theresa E. Schreier, Grace Hospital, New Haven, Conn.; Auber M. Kepler, Bishop Clarkson Memorial Hospital, Omaha, Neb.; Anna M. Bechtold, St. Joseph's Hospital, Pittsburgh, Pa.; Pearl M. Larlee, Kings County Hospital, Brooklyn, N. Y.; Helen A. Kuethen, Kings County Hospital, Brooklyn, N. Y.; Anna J. Crowley, St. Vincent's Hospital, New York, N. Y.; Josephine E. Heffernan and Amelia I. Goodine, New York City Training School, Blackwell's Island, N. Y.; Carolyn Milligan, City Hospital, Newark, N. J.; Maud C. Powley, Hahnemann Hospital, Philadelphia, Pa.; Margaret Lydon, Erie County Hospital, Buffalo, N. Y.; Evelyn Sims, Methodist Episcopal Hospital, Brooklyn, N. Y.; Clara G. Calderwood, Boston City Hospital, Mass.; Victoria Anderson, Methodist Episcopal Hospital, Brooklyn, N. Y.; Catherine McAlpin, Dr. Bates' Hospital, Jamestown, R. I.; Jennie A. Jaeger, City Hospital, Newark, N. J.; Agnes B. Cameron, Italian Hospital, New York, N. Y.; Margaret D. Murray, Mercy Hospital, Baltimore, Md.; Nellie I. Culliton, St. Joseph's Hospital, Denver, Colorado; Harriet E. Kingston, City Hospital, Newark, N. J.; Maude Bowman, Jewish Hospital, Philadelphia,

Pa.; Henrietta M. Moehring, Hahnemann Hospital, Philadelphia, Pa.; Bessie E. Cowdery, Cincinnati Hospital, Cincinnati, Ohio; Mae V. Sullivan, Kings County Hospital, Brooklyn, N. Y.; Ina Neff, Gilbert Sanitarium, Evansville, Indiana; Calmes McK. Walker, St. Mary's Hospital, Galveston, Texas; Margaret McCarthy, St. Lawrence State Hospital, Ogdensburg, N. Y., and post graduate Polyclinic Hospital, New York, N. Y.; Penelope McDermott, Kings County Hospital, Brooklyn, N. Y.; Mary E. Jordan, Mary Hitchcock Memorial Hospital, Hanover, N. H.; assigned to duty at the Walter Reed General Hospital, Takoma Park, D. C. Eugenia Y. Yarrington, Hahnemann Hospital, San Francisco, Cal., assigned to duty at Letterman General Hospital, San Francisco, Cal. Julia M. Cunningham, City Hospital, Savannah, Ga., assigned to duty at Department Hospital, Ft. Shafter, Honolulu, H.T.

RE-APPOINTMENT. Mary F. McLaughlin, Hackensack Hospital, Hackensack, N. J., assigned to duty at Army and Navy General Hospital, Hot Springs, Ark.

TRANSFERS. From Walter Reed General Hospital, Takoma Park, D. C.: To Letterman General Hospital, San Francisco, Cal., Marie Zellfelder, Lillian Aubert, Lillian J. Ryan, Mary A. Davis, Rose Pegler, Elizabeth Tack, Ethel E. Sweet, Frederika Hanks, Elizabeth J. Crowley, Eletta A. Worcester, Margaret J. Stevenson, Joana Meehan, Emily K. Frey, Rose A. Young, Alice A. Rowe, Theresa E. Schreier, Auber M. Kepler, Anna M. Bechtold, Pearl M. Larlee, Helen A. Kuethen, Josephine E. Heffernan, Carolyn Milligan, Amelia I. Goodine, M. Estelle Hine. To Army and Navy General Hospital, Hot Springs, Ark., Cecilia A. Brennan. To Army General Hospital, Ft. Bayard, N. M., Emma B. Lindheimer.

From Office of Attending Surgeon, Washington, D. C., to Letterman General Hospital, San Francisco, Cal., Agnes F. James.

From Army and Navy General Hospital, Hot Springs, Ark.: To Letterman General Hospital, San Francisco, Cal., Hannah A. Kallem and Lila Fair.

From Department Hospital, Ft. Shafter, Honolulu, H.T.: To Letterman General Hospital, San Francisco, Cal., Beatrice L. Hirtle.

From Army General Hospital, Ft. Bayard, N.M.: To Letterman General Hospital, San Francisco, Cal., Rose M. Lamb, Eva L. Broyles, Florence M. Bailly, Edyth M. Gill, Mabel Berry, Emmy C. I. Hoffstrom, Rosanna M. King. To Army and Navy General Hospital, Hot Springs, Ark., Bertha Purcell.

From Letterman General Hospital, San Francisco, Cal.: To Army General Hospital, Ft. Bayard, N.M., Elida E. Raffensperger, Alice M. Ryan, Mabel Noyes, Frances Lennox, Florence Calvert, Emily M. Addison, Mary K. Gooding, Clara M. Ervin, Etta M. Staub. To Attending Surgeon's Office, Washington, D. C., Katherine Dwyer. To Army and Navy General Hospital, Hot Springs, Ark. Paquita Soler. To Department Hospital, Ft. Shafter, Honolulu H.T., Nellie V. Close, Antoinette Jaycox, Rosanna M. King. To Philippine Department, Manila, P. I., Florence M. Bailly, Evangeline G. Bovard, Harriet M. Kuester, Charlotte G. Schultz, Ella Kirkpatrick, Mabel Berry, Ethel S. Williamson, Emmy C. I. Hoffstrom, Emma B. Haefner, Lila Fair, Janet Christenson.

From Pettit Barracks, Zamboanga, P. I., Philippine Department: To Department Hospital, Manila, P. I., Anna S. Herman and Clara E. Ellwanger.

From Ft. Wm. McKinley, P. I., Philippine Department: To Letterman General Hospital, San Francisco, Cal., Cora Miller. To Department Hospital, Manila, P. I., Mary L. Stakelum.

From Department Hospital, Manila, P. I.: To Letterman General Hospital San Francisco, Cal., Sarah M. Hepburn, Mary A. Rebholtz, Clara E. Ellwanger,

Matilda A. Romeo, Victoria E. Armstrong, Leonora Bricker, Clara M. Ervin, Etta M. Staub. To the United States via Suez and Europe, Clara B. White. To Ft. Wm. McKinley, P. I., Ella Kirkpatrick. To Pettit Barracks, Zamboanga, P. I., Emma Haefner and Jane L. Murphy.

DISCHARGES: From Letterman General Hospital, San Francisco, Cal., Margaret M. McCloskey, Anna Lundy, Marie E. Kilcoyne, Carrie Meyer, Alice H. Martin, Eva L. Broyles, Rose M. Lamb, Beatrice L. Hirtle, Ellen T. Gallagher, Cora Miller, Lydia A. Hadsall, Hannah P. Morris, Frances Nowinskey, Victoria E. Armstrong. From Walter Reed General Hospital, Takoma Park, D.C., Ella W. Millard, Katherine Y. Harrison, Jane G. Molloy, Emily L. Richards, Margaret M. Cronin, Rita Chambers, Evelyn Sims. From Army General Hospital, Ft. Bayard, N. M.: Agnes M. Burns, Alice M. Ryan. From Army and Navy General Hospital, Hot Springs, Ark.: Evelyn E. Mericle and Paquita Soler.

In September the U. S. Army transport *Buford* sailed from San Francisco upon a relief expedition to the west coast of Mexico. Three nurses of the Army Nurse Corps, Miss Emma Woods, and Mrs. Annie M. Shea were assigned to detached service from the Letterman General Hospital, San Francisco, for the voyage upon the *Buford*, Miss Hine acting as Chief Nurse.

ISABEL McISAAC,

Superintendent, Army Nurse Corps.

DEPARTMENT OF NURSING AND HEALTH, TEACHERS' COLLEGE

The Department of Nursing and Health begins its work this fall with a substantial increase in the number of students, several of whom bring with them rather exceptional experience and qualifications. From the rapidly expanding field of nursing outside come continuous demands both for more trained workers and for women with more varied and more highly specialized preparation. There is, this year, a definite demand for training in factory inspection—or what may perhaps be called industrial nursing. School nursing, too, has reached the stage at which a specialized training, apart from the regular public health nursing work, is required. The demand for instruction in schools of nursing, as in other lines, is already far greater than can be supplied and a large group is entering this year to prepare for that work.

To meet the request of the new Red Cross Rural Nursing an attempt is being made to provide some special preparation for rural public health nurses. This the college is undertaking in coöperation with the Henry Street Settlement, the Division of Child Hygiene of the city Health Department and the Westchester (Rural) District Nursing Association. A small group of Red Cross nurses is already registered for this work. This must be looked upon at present as an experiment.

This demand for specially-trained public health nurses for rural and village work will doubtless be greatly increased by the organization of a new Bureau of Public Health Nursing for the State of New York. This department, which will initiate an entirely new form of public health nursing, will have a director of nursing and an organization of its own, and, if, as is probable, other states should follow the example of New York, a large body of nurses will have to be trained as leaders and directors of these important state departments.

Such demands mean adjustments in and extensions of this course of study. Several important courses are added this year; one on "Modern Social Problems" by Professor Robert Chaddock, in which seventy students are now registered;

another by Dr. Haven Emerson in the "Applications of Preventive Medicine in Nursing." This is designed for public health workers, and is open to specially-qualified nurses outside the college; a large group of supervisors from the City Department of Health and from the Henry Street Settlement, etc., are attending regularly.

Another new course originally designed to meet the needs of the Red Cross Rural nurses, but now enlarged to meet the more general needs of the college, is the series of lectures on Rural Life Problems. This deals with social and economic conditions, with rural education and rural sanitation. The course, which is open to the public, comes on Mondays at 4 o'clock, and will be carried on by a number of eminent authorities on rural problems. It promises to be an important and valuable addition to the work. Two more graduate courses have also been added to provide for advanced or graduate students who wish to do intensive work in the fields of Public Health Investigation and Social Investigation. These courses are in the hands of Prof. Robert Chaddock and Prof. C. E. A. Winslow. An additional course in School Nursing Practice, providing a definite period of practice in the city schools under Dr. Josephine Baker, has also been added this year. In the second semester a short course of lectures on Sanitary Inspection by Emily Dinwiddie, Sanitary Inspector for Trinity Corporation, is also planned.

An important addition to the staff of the Department is made in the appointment of Annie W. Goodrich as Assistant Professor of Nursing and Health. Miss Goodrich has been Inspector of Training Schools in New York State for the past few years, and was before principal successively of the Post-graduate, St. Luke's, New York and Bellevue Training Schools, four of the most important institutions of this kind in New York. She is well known throughout this country as a leader in nursing education. Her appointment has been made possible through the generosity of Mrs. Helen Hartley Jenkins.

The Isabel Hampton Robb College Scholarship was awarded this year to Helen Wood, A. B. Mount Holyoke, graduate of the Massachusetts General Hospital, Boston. Two scholarships from the Isabel Hampton Robb fund of the American Nurses Association were awarded to Bessie E. Amerman, A.B., Smith, and graduate of the Orange Memorial Hospital, Orange, N. J., and Harriet M. Gillett, graduate of Westfield Normal School and of the Protestant Episcopal Hospital, Philadelphia.

Nearly forty former graduates of the Department gathered together at the meetings of the American Nurses Association held in Atlantic City in the end of June. At this meeting it was decided that a loan fund should be organized by the association for the purpose of assisting students who might wish to take a second year in the college, but were hampered for lack of available means. The plan is to raise at least \$500 by next February, the Dean of the College having promised to duplicate any sum of money which any branch of the Alumni should raise for such a purpose. This work is already well under way. The Nurses Club of 1912-13 have pledged a considerable sum of money for the same purpose.

The small pamphlet which was prepared and published last spring by this association on "Opportunities in the Field of Nursing" has gone through four editions, and the fifth thousand is rapidly disappearing. The Association in coöperation with the Department hopes to publish this fall a full report or history of the Department since its inception, with some little account of what its graduates are doing in the field.

VERMONT

STATE BOARD EXAMINATION, Montpelier, May, 1913

Materia Medica and Urinalysis. (1) What are the names of weights used in the apothecaries' table? (2) Define (a) expectorant, (b) digestant, (c) rubefacient, (d) diuretic, (e) emetic, (f) cathartic. (3) Give dose of croton oil. (a) How best administered? (4) Give (a) ordinary name of oleum tiglii (b) oleum terebinthinae (c) oleum ricini. (5) If nitroglycerine gr. 1/200 hypodermically was ordered and you only had tablets gr. 1/100, how would you proceed? (6) Name two emetics easily procured in any household. (7) What is indicated by the order, "Give hydragryi chlor mite, grs. ii, t.i.d."? (a) What should be avoided in diet after? (8) What precautions should be taken in administering iron preparations? (a) Name some of the iron preparations used as medicine. (9) Give usual hypodermic dose of strychnia. (a) Name two alkaloids of opium in common use and hypodermic dose of each. (10) How would you treat a case of poisoning by carbolic acid? (11) Give test for (a) acid, (b) alkaline urine. (c) Give a test for albumen in urine. (12) What is specific gravity of normal urine. (a) Give amount secreted in twenty-four hours.

Anatomy and Physiology. (1) Name the three great cavities of the body. (2) How many bones in the lower extremity? (3) Why do bones of the aged break more easily than those of the young? (4) Name the divisions of the small intestine. What is the pylorus? (5) What is the function and capacity of the gall bladder? (6) Where does the femoral artery begin? (7) How do arteries and veins differ in structure? (8) Name four particulars in which expired air differs from the air inspired. (9) What is the shortest possible course blood can take in passing from one side of the heart to the other? (10) What is the size of red blood corpuscles? Of white blood corpuscles? (11) Of what elements are fats composed? (12) When is a limb flexed? extended? abducted? adducted? rotated?

Medical Nursing and Hygiene. (1) State (a) the cause, (b) the symptoms of bed sores. (c) How prevented? (d) Give treatment in full. (2) What is (a) the normal temperature of the body in health? (b) What are the limits of temperature in health? (c) Where may temperature be taken? (d) How does it differ in these locations? (3) Name the sequelae and complications of scarlet fever. (4) How do typhoid bacilli enter the system? (a) By what mediums are they conveyed? (b) What precautions must a nurse adopt to protect herself and others in nursing typhoid? (5) Give some of the "danger signals" in pneumonia crisis. (a) What treatment should be given at the time? (6) Define (a) communicable (b) contagious (c) infectious disease. Give example of each. (7) Under what conditions are nutritive enemas ordered? (a) How are they given? (b) How often? (c) Give a formula for same. (8) Give nursing treatment in detail for sudden collapse of patient. (9) Describe appearance of blood in hemorrhage from lungs. (a) Define nurse's duties in such an emergency. (10) Give all the essentials of an ideal or hygienic sickroom. (11) What are the duties of a nurse when caring for a case of tuberculosis? (12) What is (a) empyema? (b) Of what disease is it a sequel? (c) Give treatment. How can you determine if the air of a sickroom is fresh?

Obstetrics. (1) What do you understand by the term pregnancy? (2) What are the physical signs? (3) Define the following: (a) abortion, (b) premature labor, (c) extra-uterine pregnancy, (d) placenta previa. (4) (a) How many stages of labor? (b) Describe each. (5) How would you prepare a bed for labor

in a private house? (6) What care would you give the breasts before and after delivery? (7) (a) What is the lochia? (b) What are the signs of hemorrhage? (8) What are the symptoms of eclampsia? (9) (a) What care should you give the eyes of the new born? (b) The mouth? (10) If alone, what would you do for secondary hemorrhage from the cord? (11) (a) What is the best food for babies? (b) Give temperature of water for first bath? (12) What is the danger of using a glass catheter during labor?

Surgical Nursing and Bacteriology. (1) Define strabismus, myopia, hypermetropia and ophthalmia neonatorum. (2) What is the safest method of removing a foreign body from the ear? (3) Define fracture, ecchymosis, gangrene, abscess. (4) Define antiseptics, germicides, deodorants. Name one of each, with indications for its use. (5) Classify bacteria according to shape. What conditions are necessary to their growth? (6) Define spore, parasite, saprophyte. Name two spore bearing bacteria. (7) Describe in detail the various steps in catheterizing a female patient. (8) Name and describe uses of five positions of patient for operation or treatment. (9) What is cystitis? (10) What becomes of a silk ligature left buried in the tissues? (11) Define hemorrhage, shock, coma, asphyxia, syncope. (12) Name four purposes for which enemata are administered.

Practical Nursing and Dietetics. (1) Name three qualifications necessary for a nurse to have. (2) Name three ways of introducing medicines into the system. (3) How would you collect a twenty-four hour specimen of urine? (4) Define the following:—(a) subsultus, (b) tympanitic, (c) dyspnoea, (d) cyanotic. (5) How could you improvise a Kelly pad? (6) (a) What position would a patient naturally take when suffering from peritonitis? (b) Why? (7) State in detail your method of making and applying a mustard paste. (8) In what way does the serving of food affect digestion? (9) How would you make kumyss? (10) Explain the advantage of taking a glass of milk slowly. (11) Why is bread more easily digested when toasted? (12) How is the fuel value of foods expressed?

MASSACHUSETTS

THE BOARD OF REGISTRATION OF NURSES will hold an examination for applicants for registration on Tuesday, January 13, 1914, in Room 15, State House, Boston, beginning at 9 a.m. Application for any examination must be filed at least five days before the examination date. Walters P. Bowers, Secretary.

Boston. THE ALUMNAE ASSOCIATION OF THE MASSACHUSETTS HOMEOPATHIC HOSPITAL held its annual dinner at Hotel Victoria on November 3, with thirty-one members in attendance.

RUTH LAVENDER, class of 1910, Massachusetts Homeopathic Hospital, who was for two years assistant superintendent at Hahnemann Hospital, Worcester, sailed in September for Turkey-in-Asia, where she will serve as missionary nurse in the Aintab Mission. She is enjoying the work.

ELIZA GILLET, class of 1907, is assistant superintendent of nurses at the Massachusetts Homeopathic Hospital, succeeding Suzanne Freeman, who is now superintendent of the Worcester Hahnemann Hospital, succeeding Edith Robbins, who has gone to the Buffalo Homeopathic Hospital.

A BUREAU OF NURSING INFORMATION has been established for the purpose of collecting data and furnishing information on training schools and nursing problems. A fee to cover expenses will be charged. Hospitals and training schools are requested to send annual reports to, and particulars may be obtained from M. E. P. Davis, 21 Walnut Ave., Norwood, Mass.

Newburyport. THE NEWBURYPORT HOMEOPATHIC HOSPITAL graduated a class of five nurses on the evening of September 10. The pins were given by Mrs. C. F. A. Hall, of the Training School Committee. Mr. J. C. Rolfe, president of the board of trustees, presented the diplomas. An excellent address was delivered by Rev. W. H. Nugent of the Central Church. Refreshments, music and dancing followed the exercises.

Tewksbury. MISS HUNTRESS, a graduate of the M. S. I. School, at one time head nurse, later assistant supervisor of nurses, is now at the State Leper Colony. Penuken Island. All who know of her work admire the great and useful service she is performing, and when they consider her great responsibility, the trying nature of her dangerous task, and her isolation for long periods from her many friends, they hope she will soon have an assistant to make her burden less, and wish her every success in her venture.

ANNIE G. McDONALD, first assistant supervisor of nurses, at the M. S. I. School, attended the convention of the American Nurses' Association last June, and the report she presented on her return was very interesting and greatly appreciated. Others who were at the convention were Miss Dunn, second assistant supervisor and Miss Austin, who is doing nursing work in Boston.

Worcester. THE WORCESTER CITY HOSPITAL ALUMNAE ASSOCIATION held its October meeting on October 7, at the home of Mrs. Frank Stowell. Miss Newcomb, the president, was in the chair. Three new members were admitted. Besides the regular business, several articles in the constitution were discussed and revised. A report of the convention at Atlantic City was given by the delegate, Mrs. M. A. Henebery. Directly following the alumnae meeting, a meeting of the Benefit Association was held. It was voted to hold the annual fair in Dodge Hall, December 3. The following were appointed to take charge of tables: fancy work, Miss R. Cameron; food, Mrs. Ed. Cooper; domestic, Miss Newcomb; ice cream, Miss D. Nardi.

Newton Lower Falls. THE STUDENTS IN THE NEWTON HOSPITAL TRAINING SCHOOL have arranged study clubs for the winter as follows: Senior class, Miss Goreham, president, Current Events; Junior Class, Miss Brooks, president, Book Lovers' Club; First Year Class, Miss Schryer, president, Art and History of Dancing.

CONNECTICUT

New Haven. THE CONNECTICUT TRAINING SCHOOL ALUMNAE ASSOCIATION held its regular monthly meeting November 6, at the Nurses' Home, Miss Barron in the chair. There was a large attendance. After the routine business, there was discussion on the necessity of increasing membership in the state association before the bill for registration can be returned to the legislature for revision. Then followed a discussion relating to local conditions, favorable to having only graduates take examinations for school nursing or any public health positions. A new superintendent of nursing is expected for the hospital very soon. The contagious ward for the city is being built on the grounds of the New Haven hospital.

Hartford. THE HARTFORD HOSPITAL TRAINING SCHOOL held its regular meeting in Center Church House on November 13, with Mrs. Hills in the chair. Attention was chiefly centered in the discussion of plans for enlarging the membership of the Association as a first step toward opening a wider field of interest among the nurses. After the business meeting, Miss Casman read several amusing selections, and the social hour was enjoyed by all.

THE ST. FRANCIS HOSPITAL TRAINING SCHOOL ALUMNAE ASSOCIATION held its

semi-annual meeting at the hospital on October 25, with an attendance of forty members. The delegates, Miss E. Toomey and Mrs. S. Gralton, gave a very interesting report of the convention at Atlantic City. The following officers were elected for the coming year: president, Miss E. F. Riley; vice-president, Miss E. A. Toomey; secretary, Miss E. I. Marshall; treasurer, Miss R. T. Moore; executive committee, Mrs. S. A. Gralton, Miss M. A. Ahern, Mrs. L. B. Donahue, and Miss S. A. Martin. A luncheon was served followed by music and dancing.

NEW YORK

THE NEW YORK STATE NURSES' ASSOCIATION held its twelfth annual meeting, October 15-16, in the auditorium of the Shredded Wheat Company, Niagara Falls. The meeting was called to order by the president, Mrs. C. V. Twiss, R.N., who introduced the Rev. A. S. Bacon pastor of First Presbyterian Church who pronounced the invocation. A cordial welcome to Niagara Falls was given by a representative of the Mayor, and Col. O. W. Culter. The response was delivered by Mrs. Charles G. Stevenson, R.N. of Brooklyn. After the reading of the roll call and the minutes of the last meeting, the president delivered a most interesting address in which she reviewed the history of the Association and recommended that it raise the money to pay a salary to a district chairman who should be responsible for encouraging the growth of nursing organizations throughout the state.

The reports of the secretary and treasurer were followed by the reports of the Committee on Credentials. The following alumnae organizations were admitted to membership; Childrens Hospital of Buffalo, White Plains Hospital, Good Samaritan Hospital of Watertown, St. Lukes Hospital, Newburgh, Little Falls Hospital, the Manhattan State Hospital, Wards' Island, the Homeopathic Hospital of Watertown and the Geneva City Hospital. Miss H. Maude Randall and Olivia Hink were admitted to individual membership.

The Executive Committee report included a recommendation that the State Association apply for membership in the State Federation of Women's Clubs, and Mrs. Charles G. Stevenson was appointed official delegate to represent the association at the annual meeting of the Federation. The report of the Red Cross Committee was read by Mrs. Burrill, as Miss E. Dewey, chairman, was unable to be present. Miss Dewey was appointed official delegate to represent the Association at the annual meeting of the American Red Cross. The report of Annie Rhodes, District Chairman, and of the Training School Inspector, Miss A. W. Goodrich, were followed by the report of the Secretary of the Board of Nurse Examiners, Jane E. Hitchcock read by Miss Callahan. The report of the delegate to the Red Cross Convention, 1912, Amy M. Hillard, was read by Miss Yocum. The report of the delegate to the American Nurses' Association was also given by Miss Yocum. The report of the nominating committee and of the committee on arrangements completed the programme for the morning.

The afternoon session was taken up with the report of the committee on Legislation, presented by Miss A. W. Goodrich, Chairman, and in many respects it presented the Seeley Nurses' Bill in an entirely new light to many of the members. At four o'clock, owing to the generosity and hospitality of the citizens of Niagara Falls, enough automobiles were provided to take all the delegates for a "Sight Seeing" tour of the Falls.

The programme for the evening included a paper by Miss L. A. Giberson on "The Red Cross Nurses at Gettysburg Encampment," a most interesting address

on Surgery in Medieval Days, a fine suffrage speech from Mrs. Helen Z. M. Rodgers of Buffalo, which was received with much applause, including an expression of appreciation from Dr. B. F. McKenzie of Toronto, Ontario, who concluded the evening's program with a very instructive address on The Disabilities Consequent on Infantile Spinal Paralysis and their Treatment. The nurses of Niagara Falls again demonstrated their hospitality by inviting all the delegates to a most delightful collation. A visit to the falls by moonlight closed a day that was one of much pleasure as well as profit to the delegates.

The programme on Thursday opened with an address by Fannie F. Clement on Red Cross Rural Nursing Service. Mary E. Gladwin followed with a talk on the Red Cross Nurse at Work. Anti-Suffrage, by Mrs. Frank I. Goodwin, was received with applause from the anti-suffragists among the delegates, and was followed by a report from the Secretary on the resolution on the nurses' bill. After a most interesting discussion the recommendation of the committee on legislation was adopted almost unanimously only four delegates voting in the negative. The resolution read as follows: "Your committee recommends that a bill providing who may practice as a nurse, redrafted, and embodying the changes suggested by the Legislative Committee be introduced this year, but should events so shape themselves as to make it in the judgment of the Legislative Committee together with the Executive Committee appear unwise to undertake any legislation this year that they be privileged *not* to introduce a bill." Elizabeth Golding closed the morning programme with a paper entitled looking "Forward and Backward."

The afternoon programme included papers from Dr. George S. Cott, Dr. Goldsboro on "The Graduate Nurse and Obstetrics," Dr. A. C. Schaefer on "What the School Nurses have done for the City of Buffalo, and from Dr. Wm. A. Howe, Deputy Commissioner, State Department of Health, Albany, on "What the Nurse can do to Promote Public Health." The report of the Committee on Resolutions was read by Miss Callahan. Then followed the report of the Inspectors of Elections and the following officers were declared elected: president, Mrs. Charles G. Stevenson; vice-president, Emma Jones; secretary, Mrs. Hugh R. Jack; treasurer, Anna O'Neil; trustee for three years, Mrs. C. V. Twiss; Members of the Executive Committee, Katharine De Witt, Irene B. Yocum, Nellie Davis; candidates for the Board of Nurse Examiners, Irene B. Johnson, Louise M. Arnold. After the new officers had been introduced, the meeting was adjourned to meet in Syracuse in 1914.

New York. THE HAVEN COUNTRY CLUB, opened on November 15, affords an attractive place for rest and recreation, and every facility is provided for those desiring convalescent care after illness. A spacious Colonial house has been acquired, with large rooms, wide verandas, ample grounds and beautiful views at Nyack-on-the-Hudson thirty miles from New York City on the Erie Railroad, round trip \$1.10. Graduate nurses, instructors, teachers, students, social workers and others are eligible for membership. A large membership is desired. Membership dues \$1. Those joining before April 1, 1914, will become charter members, after that date an initiation fee of \$1 will be charged. Applications for membership and all communications regarding guests' rates, etc, should be addressed to Miss M. E. McKay, The Haven Country Club, Franklin Street and Third Ave, Nyack, N. Y. Telephone, Nyack 363.

One hundred and sixty nurses in uniform from fifteen different schools marched in procession on the night of November 7, at the 71st Regiment Armory in New

York City, when that wonderful pageant was held under the auspices of the National Board of the Y. W. C. A. in which over fifteen hundred young women appeared in costume. The nurses' section was headed by ten graduate nurses in white from the Central Club for Nurses. It is the intention of the National Board of the Y. W. C. A. to build a \$400,000 Club House for the benefit of the nurses.

JESSIE KNOX PARSONS, class of 1912, New York Post-Graduate Hospital, and supervisor of its private pavilion, has accepted the position of Lady Superintendent of the General Hospital, Portage, La Prairie, Manitoba, Canada.

MISS M. FLETCHER, class of 1899, St. Luke's Hospital, has resigned her position at Teachers College to become superintendent of nurses at the New Haven Hospital. Helen L. Bridge, who has recently taken a course in Nursing and Health at Teachers' College, has been made instructor of nurses at St. Luke's Training School. Miss Jones, class of 1913, is resident nurse at the Knox School, Tarrytown. Miss Goldsmith and Miss McPherson, class of 1913, have appointments as head nurses at St. Luke's Hospital. Miss E. Clark, class of 1911, and Miss Raines and Miss Hammond, class of 1913, spent the summer at the Grenfell Mission, Labrador. Mrs. H. H. Nelson, class of 1900, has returned to Syria after a year's furlough. Miss Bissell, class of 1912, is studying sociology at Columbia University. Miss Lamber, class of 1912, is resident nurse in the Finch boarding school. Miss LeRoy, class of 1912, has taken up private duty nursing in Winnipeg. Mrs. Langford, class of 1909, has removed to San Antonio, Texas. Miss Helen Thompson, class of 1909, and Mrs. Mayer class of 1902, have gone abroad.

Yonkers. ST. JOSEPH'S HOSPITAL will have a new wing with needed equipment as a result of a special campaign during which \$122,000 was subscribed.

Albany. THE HUDSON VALLEY LEAGUE FOR NURSING EDUCATION held its annual meeting with Miss Littlefield at the Homeopathic Hospital, September 27. Officers for the ensuing year were elected as follows: president, Julia Littlefield, Albany; vice-president, Louise F. Arnold, Troy; treasurer, Mary Lord, Albany; secretary, Eva Caddy, Oneonta. Other business was transacted, after which a question box was opened and there was an interesting discussion of the various questions. A social hour followed. The December meeting will be held with Miss Coon in Cohoes.

Elmira. THE GRADUATE NURSES OF THE ARNOT OGDEN MEMORIAL HOSPITAL organized an alumnae association on September 3. The following officers were elected: president, Eliza K. Nimmo; vice-president, Effie Warner; secretary, Maude B. Wrigley; treasurer, Bertha A. Taynton.

Schenectady. THE SCHENECTADY COUNTY NURSES' ASSOCIATION held its regular monthly meeting on the evening of November 7, in the parlors of the Edison Hotel. The names of four nurses were proposed for membership. A Legislative Committee was elected, with Edith Atkins as chairman. The report given by the registrar of the Central Registry shows increasing patronage by physicians and laity and few idle nurses. A lengthy and interesting report of the convention held in Niagara Falls was given by Katherine Quinlan, with special mention made of the hospitality shown to the visitors.

Rochester. HAHNEMANN HOSPITAL ALUMNAE ASSOCIATION held its annual meeting on October 22, when it was decided to hold an annual banquet. The committee of arrangements consists of Miss Crowley, Miss Khing, Miss M. Clark and Mrs. Hodgson. The following officers were elected for the coming year: president, Mrs. M. Hodgson; vice-presidents, Miss M. Clark, Miss M. McCorvie; secretary, Miss Shaffer; treasurer, Miss Khing, corresponding secretary, Mrs. E. Thatcher; executive committee, Miss Staub, Miss Rapp, Miss Easton.

Buffalo. THE BUFFALO HOMEOPATHIC HOSPITAL has its class of probationers instructed in anatomy and physiology by a teacher from the Lafayette High School. Miss Bachelder, a graduate of the Massachusetts Homeopathic Hospital, has taken charge of a floor in the hospital. Miss Robbins, superintendent of nurses, has been made an honorary member of the alumnae association. Adele Seudder has joined the Navy Nurse Corps.

NEW JERSEY

THE NEW JERSEY STATE NURSES' ASSOCIATION held its sixth semi-annual meeting on November 4, in St. Paul's Parish House, Englewood. During the day forty members of the Association and many visitors registered their names. There were delegates from nine affiliated societies. The meeting was called to order by the president, Arabella R. Creech, at 10.35 and was opened with prayer by the Rev. Fleming James, rector of the parish. The address of welcome was made by Mrs. F. S. Bennett, a life-long resident in Englewood, who laid stress on the "Ministering" aspect of the nurses' life, urging all to see deeper into the spiritual part, beyond the physically suffering bodies, and that we should work not for a living but for life. The response was made by Miss Creech, who felt that our life was made up of "give and take."

The roll call was followed by the reading of the minutes of the annual meeting by the secretary. The treasurer's statement showed a balance in hand of \$173. The membership report gives five individuals and one alumnae association accepted; three names held over for further investigation; and two names rejected, as their training schools do not meet the required standard. The ways and means' report was unfortunately delayed in the mail. In its place Miss M. C. Squire was asked to make the report of the State Board of Examiners. Recommendations were made by the Board for an amendment of the law to include Army and Navy and Red Cross Nurses living out of the state, and other technical changes which will be taken up by the legislative committee. A curriculum is now in preparation which offers a standard to the training schools that are not registered. Ella Phillips Crandall needed no introduction to secure the close attention of all nurses. She alluded feelingly to the cause of her absence from the annual meeting at the time of the floods in Ohio, and gave a condensed history of the origin of Public Health Nursing in America, from the house to house ministrations of the good women in Charleston, S. C., in 1813, to the present day, proving that the ideal is the real. An adjournment was made for lunch at the Palisade House and the meeting reconvened at 2.45 p.m. Miss A. McKay reported on Public Health, which so closely followed Miss Crandall's topic, that she would only urge all nurses to learn all that came their way, that they may be able to teach others, and not forget the practical in the ideal and vice-versa. Dr. Edwin Holmes read a paper on the "Higher Education of the Nurse" which proved so interesting that a motion was passed that he allow it to be printed in THE AMERICAN JOURNAL OF NURSING. Interesting reports were read by delegates to the Federation of Women's clubs to the annual and semi-annual meetings. Too high praise cannot be accorded to Miss M. C. Squire for her lucid and comprehensive report of the American Nurses Association in Atlantic City. Letters of resignation from office were read with regret from Miss A. H. English, Luella Trimmer and Kate Golding. Owing to the absence of the last-named there was no report from the Red Cross State Chairman. Miss Squire moved that Helen Stephen be appointed State Chairman, which was confirmed by the Board of Directors. Jennie M. Shaw gave the report of

the Board of Nurse Examiners as follows: 382 applications have been made since April 1, 1913, 308 certificates have been granted. 151 are still waiting to be inspected. 18 have been rejected, either as non-residents or ineligible schools. Greetings were read from Bertha J. Gardner, and the secretary was directed to send her a message wishing her success in her new life. An amendment was offered to alter the dates of the annual and semi-annual meetings to avoid having the latter fall on election day. A nomination committee was elected, Mrs. W. Purman, chairman. Orange was appointed as the next meeting place at the invitation of the Alumnae Association of the Orange Training School for Nurses. The meeting closed with the usual resolutions.

Orange. THE ALUMNAE ASSOCIATION OF THE ORANGE TRAINING SCHOOL FOR NURSES held its annual meeting on October 24, at the residence of Miss Curry. In the absence of Miss Gardner, May H. White read an excellent report of the convention of the American Nurses' Association. The election of officers resulted as follows: president, Mrs. d'Arcy Stephen; vice-presidents Elizabeth Faulds, Martha Moore; treasurer (protem), A. C. McGrath, 600 Main St., E. Orange; secretary, May H. White; 112 Essex Avenue. The social time which followed served in addition as a welcome to two brides, Mrs. A. Halliday Williams and Mrs. K. Jack Devereux, each receiving a bouquet of white chrysanthemums.

Newark. THE SOCIETY OF ESSEX, WARREN AND SOMERSET COUNTIES held a meeting on November 10 at the home of Catherine Neafsey. About sixty members were present to hear a lecture on Goitre given by Dr. H. B. Epstein. A business meeting preceded the lecture, with Miss Squire, acting president, in the chair. The report of the recent state meeting at Englewood was given by the delegate, Miss Riter. Tea was served during the social hour which followed the lecture.

THE ALUMNAE ASSOCIATION OF THE HOSPITAL OF ST. BARNABAS TRAINING SCHOOL FOR NURSES held its regular meeting on October 16, in the nurses' home, with a good attendance. Reports were read on the necessity and advisability of state registration for nurses. Four new members were accepted. A social hour followed the meeting.

Elizabeth. THE ELIZABETH GENERAL HOSPITAL AND DISPENSARY NURSES ALUMNAE ASSOCIATION held its annual meeting in the Pettit Home for Nurses. Miss A. R. Creech, president of the New Jersey State Nurses' Association, was appointed president protem in the absence of the president, Grace Tenney. Officers for the year were elected: president, Anna M. Quinn; vice-president, Miss H. M. Schmidt; secretary, Mrs. S. Y. Schaller; treasurer, Miss J. Watkins. Miss A. M. Quinn was appointed a delegate to attend the semi-annual meeting of the New Jersey State Nurses' Association. The death of Mrs. Burton, nee Lydia Hollenbeck, class of 1900, was reported. Miss E. Ayers, superintendent of Elizabeth General Hospital and Dispensary, gave an instructive talk to the members, on Alumnae Association Work. The Alumnae Association planned to entertain the graduating class on November 25.

Hackensack. THE NURSES' ALUMNAE ASSOCIATION OF THE HACKENSACK HOSPITAL held its annual meeting on November 3. The sum of \$100 was contributed to the "whirlwind campaign" being conducted for the hospital. As the new wing is nearing completion, Miss Crum and Miss Stone were appointed a committee to look after the furnishing of a room for the alumnae, to be known as the Nurses' Alumnae Room.

Paterson. FRIENDS OF MRS. WILLIAM CROZIER will be sorry to learn of the death of her husband, in Manila, on September 22, of bubonic plague, after an

illness of three days. Mrs. Crozier was Mary V. Layton, formerly a member of the Army Nurse Corps. She is at present staying at 402 Fifteenth Avenue, in this city. Mr. Crozier was editor of the *Manila Bulletin*.

Passaic. ST. MARY'S TRAINING SCHOOL ALUMNAE ASSOCIATION held its annual meeting on October 8, with the president in the chair and the other officers present. New members were admitted and the following officers were elected: president, A. Gertrude Hines; vice-president, Ethel J. Cole; secretary, Agnes C. Hogan; treasurer, Mrs. D. J. O'Leary (re-elected.)

ST. MARY'S HOSPITAL held graduating exercises in St. Nicholas' auditorium on the evening of October 1. Rev. Wm. F. Grady, of St. Mary's Church, Rutherford, delivered the opening address and presented the diplomas. Dr. Charles A. Church gave sound advice to the class as to their future work and urged that they continue in the splendid manner in which they had received and accepted their training. Dr. Mapes then spoke in a few well-chosen words of the work of the nurse and the duty lying before them. He spoke in highest terms of their work while in the hospital. He then awarded the class pins accompanying them with good wishes. Agnes C. Hogan delivered the class prophecy, outlining interesting careers for the six members of the class.

THE PASSAIC GENERAL HOSPITAL ALUMNAE ASSOCIATION held its annual meeting at the nurses' home on October 22, when the following officers were elected: president, Agnes T. Considine; vice-president, Marie E. Uhl; secretary, Mary E. Kelly; treasurer, Ethel M. Wickham. Two new members were admitted. Elizabeth Higbid represented the Association as delegate at the semi-annual meeting of the State Association in Englewood.

DELAWARE

THE DELAWARE STATE BOARD OF EXAMINERS FOR REGISTERED NURSES will meet to examine applicants for registration at the Homeopathic Hospital, Wilmington, Monday, December 1, 1913. For further information, address Anna M. Hook, Secretary-Treasurer, 822 W. 9th St., Wilmington.

Wilmington. THE GRADUATE NURSES' ASSOCIATION met in the superintendent's sitting room of the Delaware Hospital on October 24. Despite the stormy weather there was a large attendance and an enjoyable meeting was held. Routine business was transacted. A paper read by one of the delegates to the American Nurses' Association was greatly enjoyed and made those unable to attend the convention feel that they had missed a great treat. Music and a social hour followed.

PENNSYLVANIA

Philadelphia. THE PHILADELPHIA CLUB FOR GRADUATE NURSES held its quarterly meeting on October 20, with an encouraging number present. Much interest was manifested in the various lines of work. The Entertainment Committee reported that on the first and last Tuesday of each month the entertainment would be in the evening, so that members holding hospital positions could have a share of the good things provided. The following programme was outlined: November 4, cards; November 11, "Peculiarities and Care of Isolation Cases," Dr. H. A. Sutton; November 25, music. There is always a social hour with refreshments. The Registry Committee reported seven new members. The Bazaar Committee reported donations. Miss Giberson gave an interesting account of the Red Cross work at Gettysburg and showed pictures. Six new mem-

bers were received and several were dropped for non-payment of dues. During the meeting of the state association a Red Cross meeting was held at the Club and a reception was given there by the Philadelphia nurses to the visiting delegates.

The Club called a meeting of the alumnae associations affiliated with the American Nurses' Association to confer upon the candidates for office for 1914. Of seventeen organizations affiliated, ten were represented.

THE ALUMNAE ASSOCIATION OF THE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA held its monthly meeting on November 2, with only thirteen members present, but a live meeting. The Educational Committee reported that Sara Clark, head nurse for Dr. George E. de Schweinitz wards had written a paper on "The Care of the Eye," which it is hoped will be printed in the AMERICAN JOURNAL OF NURSING. In addition to the flowers which the alumnae give each year to the graduating class, each member will this year be given a copy of Miss DeWitt's "Private Duty Nursing." There are thirty-four in the class. Three more of the alumnae have joined the Philadelphia Club for Graduate Nurses, Misses Rose, Beitel and Bethune. Some of the members accepted Miss Giberson's invitation to spend an evening at the Oncologic Hospital and heard Dr. Newcomet give an interesting talk on Radium. Eva Schneider, class of 1907, has accepted the position of night superintendent at the Jefferson Hospital.

THE NURSES' ALUMNAE ASSOCIATION OF HOWARD HOSPITAL held its regular meeting at the hospital on October 7, with fifteen members present. Miss McKay was elected as fifth member of the Executive Committee, to fill the vacancy made by the resignation of the former superintendent, Miss Barrett, now Mrs. Cooke. Money was set aside for the supper and theatre party given each year to the graduating class, the date and choice of play to be left to the choice of the class. It was decided to call a special meeting for the purpose of arranging for a theatre benefit to help swell the nurses' share in the building fund. Miss Gorman has accepted the position of head nurse at the De Lancey Hospital, following Miss Biddle, who is preparing to take up the study of medicine.

THE ALUMNAE ASSOCIATION OF THE PHILADELPHIA ORTHOPEDIC HOSPITAL AND INFIRMARY FOR NERVOUS DISEASES held a regular meeting on October 3 in the nurses' home, with fifteen members present. After the transaction of business, Miss Murray gave a report of the meetings of the American Nurses' Association to which she was a delegate.

ANNA P. SCHULZE, R.N., graduate of the University of Pennsylvania Hospital, has resigned the position of superintendent of nurses at the German Hospital and Dispensary, New York, and is resting at her home in Philadelphia.

THE ALUMNAE ASSOCIATION OF THE PROTESTANT EPISCOPAL HOSPITAL IN PHILADELPHIA, at the regular meeting in October, voted to give \$50 to the Robb Memorial Fund, and \$10 towards expenses of the eleventh annual meeting of the Graduate Nurses' Association of the State of Pennsylvania. On motion it was agreed to take charge of a table at the bazaar to be given by the Philadelphia Club for Graduate Nurses. Eleven new members have been accepted, making the total number of members in good standing 203. The Training School was organized in 1888, this being the twenty-fifth year. There are 425 graduates. The alumnae will present the Nurses' Home with a sterling vase as an anniversary gift. A fourth floor has been added to the Nurses' Home, also a roof garden, and a solarium which will be heated for use through the winter. An automatic elevator has been installed.

Harriet M. Gillet, class of 1910, was awarded one of the three Robb Memorial Fund scholarships, at Teachers' College, New York City. Helen J. Leader, class of 1911, has accepted the position of night superintendent of the hospital. Edith L. Wood, class of 1911, succeeds Ada F. Fraelich, class of 1909, as anesthesiologist at the hospital. Evalyn F. Bietsch, class of 1905, is taking a course at Teachers' College New York City.

A SOCIAL SERVICE DEPARTMENT has been inaugurated at the hospital, and Margaret Smiley, of New York has been appointed head worker. Miss Smiley's office is in the Out Patient's Building at the hospital, and there will be an opportunity for graduate nurses who are especially interested in Social Service to gain practical experience in this work.

THE NURSES' ALUMNAE ASSOCIATION OF THE WOMAN'S HOSPITAL held its first regular meeting after the summer vacation at the Woman's Hospital on October 8, Miss Bratton in the chair. After the routine business a social hour was spent with Mrs. Close and her assistants, which was much enjoyed. The November meeting was held at the home of the president, Miss Bratton, on November 6. Interesting subjects were discussed and a nominating committee was appointed to make up the ballot for the election of officers in January. After the business, Miss Giles gave a most interesting talk on the American Nurses' Association and State Registration. A large number of nurses were present and several visitors. A rising vote of thanks was given the president for her hospitality.

Coaldale. MARY C. BUTZ, a graduate of the Medico-Chirurgical Hospital, Philadelphia, resigned her position as chief clinic nurse of the Minnequa Hospital, Pueblo, Colo. and has been appointed directress of nurses of the State Hospital at Coaldale.

Altoona. THE ALUMNAE ASSOCIATION OF THE ALTOONA HOSPITAL at its annual meeting on October 27, elected the following officers: president, Eva L. Wakefield; vice-president, Flo Hanson; secretary, Sara Hommet; assistant secretary, Julia Levan; treasurer, Blanche Unger. Grace Pardoe has resigned her position as head nurse at the Altoona Hospital.

Pittsburgh. THE PRESBYTERIAN HOSPITAL ALUMNAE ASSOCIATION held an interesting meeting on November 3, at the hospital. A number of the members were present and important business was transacted. The following were elected: president, M. V. Swearingen; vice-president, Olive Paden; secretary, Mrs. Adeline Fuller; treasurer, Olive McWilliams; Arrangements Committee, Mary E. Anderson, chairman; Press and Publication Committee, Flora A. Murphy, chairman; Registry Board, M. D. Towse.

THE ALUMNAE ASSOCIATION OF THE PITTSBURGH TRAINING SCHOOL FOR NURSES, HOMEOPATHIC HOSPITAL, held the regular quarterly meeting on the evening of October 15, at the nurses' home. Dr. George B. Moreland, of the hospital staff, gave an interesting talk on Current Events. Miss Hallock was appointed a delegate to the meeting of the State Association. A social hour followed the meeting. The Association has a trust fund of over \$5000, the income of which is used for the sick members. It has also a death benefit, each member being assessed \$2.

MARYLAND

THE MARYLAND STATE ASSOCIATION at its last annual meeting elected the following officers: president, Mrs. Ethel Palmer Clarke, University Hospital, Baltimore; secretary, Effie J. Taylor, Johns Hopkins Hospital, Baltimore.

VIRGINIA

Richmond. ST. LUKE'S HOSPITAL SCHOOL FOR NURSES held commencement exercises for a class of fourteen, on October 1, in the auditorium of the Jefferson Hotel. The diplomas were awarded by Dr. Stuart McGuire of St. Luke's Hospital, president of the Medical College of Virginia, Dr. W. Lowmes Peple administering the oath, and Miss Robertson, the superintendent, presenting the school pins. The exercises were followed by an informal reception and dance.

LAURA BOYD, class of 1913, St. Luke's Hospital, has accepted the position of assistant superintendent at the Oglethorpe Sanatorium, Savannah, Ga. **Mary M. Broadus**, class of 1905, formerly superintendent of the Sheltering Arms Hospital, has taken the position of superintendent of the operating room at the Memorial Hospital.

GEORGIA

Atlanta. THE REGISTERED NURSES' CLUB was formed at a meeting of registered nurses of the city which was held on February 27 at the home of Mrs. Charles J. Haden, the principal object of the organization being the establishment of its own directory. On August 1, the club rooms and directory were opened at 244 Courtland Street, with a membership of 25. Only registered nurses are eligible to membership in the club, but graduate and practical nurses fulfilling the requirements have the use of the directory. Nurses are registered under three heads: registered nurses, graduate nurses and practical nurses. A regular quarterly meeting was held on October 8th in the Club rooms, and at this time the membership of the directory was fifty registered nurses, eight graduate nurses and two practical nurses. The registrar has had more calls than could be filled. Much of the Club's success and inspiration has come through the doctors and the Atlanta Federation of Woman's Clubs.

KENTUCKY

THE KENTUCKY STATE ASSOCIATION OF GRADUATE NURSES held a special meeting on October 24 for the purpose of endorsing the revised bill for state registration which will be presented to the General Assembly this winter. The Kentucky State Medical Association, at its last meeting, assured the nurses of its support in their efforts. Elizabeth Robertson and Miss C. C. Collins will canvass the state in the interest of the bill.

MARION WILLIAMSON, graduate of Waverly Hill Sanatorium, is doing the rural visiting work for the Tuberculosis Commission of the state. Her present location is Henderson.

GRACE HARWOOD, graduate of the Deaconess Hospital, has gone to Hyden, Leslie County, to assist Miss Duncan in the trachoma clinics.

THE ALUMNAE ASSOCIATION OF THE JOHN N. NORTON MEMORIAL INFIRMARY held its eighth annual meeting on October 16, in the class room of the Norton Infirmary. The meeting was well attended. Five new members were admitted. A report of the American Nurses' Association was read by the delegate, Anna Schmitt. Officers elected for the coming year are: president, Elizabeth S. Robertson; vice-presidents, Anna Flynn, Kathryn Mourning; secretary Emma Isaacs, 922 S. Sixth St.; treasurer, Margaret O. Leffler; auditor, Edna H. Drane; chairman of committees: program, Eliza Johnson; membership, Rosa Wright; social, Charlotte Fritsch; graduate nurses' room, Jane A. Hambleton; sick, Katherine Jenkins.

OHIO

THE OHIO STATE ASSOCIATION OF GRADUATE NURSES held its tenth annual meeting in Akron, at St. Pauls' Parish House, October 20-22. No report has been received, but the programme for the meeting included the following: October 20, meetings of the executive committee, membership committee, and Red Cross committee. October 21, registration, addresses of welcome by Ohio C. Barber and Dr. M. D. Stevenson; response by Mary Blythe Wilson, Cincinnati; president's address, Mary E. Gladwin; reports of officers and committees. Symposium, How to obtain more desirable applicants for our training schools, Harriet L. Friend, Dayton, Katherine Mapes, Toledo, Mary A. Samuel, Cleveland, Mary H. Greenwood, Cincinnati. Address, The Graduate Nurse and Her Development, Isabel McIsaac. Evening, a reception at the home of Mr. and Mrs. James Hanson Andrews, Westwood. October 21, papers, "Midwifery and its Relation to the Prevention of Blindness," Marion Campbell; "State Tuberculosis Work," Margaret Kameron; "Infant Welfare Work," Edith S. Morgan, Cleveland, Crete Zorn, Dayton, Ada S. Stokes, Cincinnati, Alice Sell, Akron, Jennie L. Tuttle, Columbus; "Modern Welfare Movements," Katherine Ellison, Cincinnati. Luncheon at Portage Hotel. Papers, "Public Health Nursing," Ella Phillips Crandall, New York, THE JOURNAL and THE QUARTERLY, Mary E. Gladwin.

Miss Gladwin was reelected president. Mabel Morrison of Toledo was elected secretary.

Dayton. THE GRADUATE NURSES' ASSOCIATION OF DAYTON AND VICINITY held a monthly meeting on October 21 in the Memorial Home. Twenty-one nurses listened to an interesting talk by Dr. Eleanora Everhard on Social Hygiene. The permanent value to society of right home influences, and the presenting the ideal to the child mind were emphasized.

Cleveland. THE GRADUATE NURSES' ASSOCIATION OF CLEVELAND held its annual meeting at the Hampton Robb Club House, October 14, when the following officers were elected: president, Fannie F. Wright; vice-presidents, Anna Gladwin, Miss Walkinshaw; treasurer, Mrs. P. G. Morgan; assistant treasurer, Agnes McLeod; corresponding secretary, V. F. Lorimer; recording secretary, F. Sitzenstock; chairmen of committees: admission, Florence E. Walker; club house, Anna Irving; educational, Miss Swainhardt; social, Miss Ludwig; financial, Fern Smith.

FREDERIKA GAISER, of the Miami Valley Hospital Training School, late superintendent of nurses at St. Luke's Hospital, has been appointed to the same position in the Cleveland City Hospital.

ANNA DAWLING, Alleghany General Hospital, who has been doing tuberculosis work in Cleveland, has recently taken charge of Sunmount Sanitarium, Santa Fe, N. M.

THE CLEVELAND TRAINING SCHOOL FOR NURSES, Huron Road Hospital, held graduating exercises at Trinity Cathedral Hall, on October 16, when seven nurses were graduated. Rev. Paul F. Sutphen, of the Second Presbyterian Church gave a most inspiring and delightful address to the class. Dr. James C. Wood presented the diplomas, making a suitable and pleasing address. Dr. George Quay pinned on the badges presented by the hospital, making a few well chosen remarks. This, interspersed with a musical program, brought the exercises to a close. An informal reception was held following the exercises.

THE ALUMNAE ASSOCIATION OF THE CLEVELAND TRAINING SCHOOL FOR NURSES gave a dinner at the Statler Hotel, on October 13, for the members of the gradua-

ting class. There were forty-two present. The members of the class were seated at one long table, and the others at small tables. The class was welcomed by Miss Templeton, the president, and the class president responded. Folk songs and dances by an entertainer in costume added to the enjoyment.

MICHIGAN

Detroit. THE GRACE HOSPITAL ALUMNAE ASSOCIATION held a regular meeting in the Helen Newberry Nurses' Home on October 14. Five new members were added, which more than doubles the membership this year. Several changes have been made in the constitution and by-laws, among them the changing of the fiscal year. Miss Jones, as delegate to the American Nurses' Association, read such an enthusiastic report of the convention, that every nurse decided to go next year. Miss Rankin and Miss Giffin were re-appointed to act as directors of the central directory. The president was authorized to appoint a committee of two to confer with the committees of other nursing associations of the city, in the nomination of officers for the American Nurses' Association for 1914. Tea was served by the Social Committee.

MINNESOTA

Brainerd. THE ALUMNAE ASSOCIATION OF THE NORTHERN PACIFIC BENEVOLENT ASSOCIATION HOSPITAL TRAINING SCHOOL FOR NURSES held its fifth annual meeting in the nurses' building on October 11. Election of officers took place. A Wallace Nutting picture was presented to the Nurses' Home, and a chest of silver, linen, etc., was started for the use of sick members. The life membership fee was placed at \$20. A banquet was served in the evening.

ILLINOIS

Chicago. THE NURSES' ALUMNAE ASSOCIATION OF ST. BERNARD'S HOSPITAL held its quarterly meeting on October 13 at the nurses' home. There was a good attendance, and the following officers were elected: president, Emma Pirie; vice-president, Anna B. Stuber; secretary, Gertrude A. King, 6511 South Lincoln St.; treasurer, M. Costello. Six new members were admitted. Luella Jones, class of 1913, has been appointed a school nurse.

THE ALUMNAE ASSOCIATION OF THE ILLINOIS TRAINING SCHOOL held its October meeting in Winnetka, at the home of Mrs. William S. Bishop, Mrs. Bishop and Miss Phoebe Brown being hostesses. The members had a delightful afternoon, having first a business meeting, than a social hour and later an automobile ride. Miss Lindsley, matron at the nurses' home, is giving a course of lectures to the senior class on Household Science. Miss Hay was expected to arrive in New York, after her year abroad, on October 28. Louise M. Murphy, class of 1900, has charge of the sick nurses at the training school. Mamie Norquest, class of 1907, has been made superintendent of Monroe Street Hospital. May E. Morse, class of 1899, is doing social service work at the Children's Memorial Hospital.

THE ALUMNAE ASSOCIATION OF ST. LUKE'S TRAINING SCHOOL at its October meeting enjoyed a talk by Mrs. Wooley on "The Passing of the Third Floor Back." At the November meeting Minnie H. Ahrens gave an illustrated talk on Infant Welfare Work.

Springfield. THE THIRTEENTH DISTRICT ASSOCIATION OF GRADUATE NURSES held its fourth regular meeting on October 7, in the parlors of the First Presbyterian Church, with luncheon at noon, and a business session later, Cora

Hearne, presiding. Delegates to the state meeting in Chicago were elected. There was a good attendance. The next meeting will be held in Jacksonville December 2.

Jacksonville. THE PASSAVANT MEMORIAL HOSPITAL ALUMNAE ASSOCIATION held a regular meeting at the hospital on October 16, Mrs. Margaret Mount Brown presiding. Thirteen members were present. The committee appointed to raise funds to help furnish the new nurses' home gave a splendid report. The question of organizing a city registry was discussed. Emily Paul, of York, Pennsylvania has been appointed directress of nurses. Elizabeth I. Hazen, class of 1911, has accepted the position of superintendent of the Stewart Hospital Association and Training School for Nurses, Hutchinson, Kansas.

Peoria. THE SEVENTH DISTRICT ASSOCIATION held its regular meeting in the Y. W. C. A. assembly rooms, Peoria, on November 7, the vice-president, Vina Kilby in the chair. After routine business there was a reading by Miss Lautenberger, and a piano solo by Miss Bushnell. Mrs. Bache of Chicago then gave a talk on state registration.

Hattie Dillavon has taken the position of superintendent of the Peoria County Hospital left vacant by the resignation of Isabelle Leeds.

INDIANA

THE INDIANA STATE LEAGUE FOR NURSING EDUCATION met on October 15, in Indianapolis, for the annual meeting. All meetings were held at the Nurses' Home of the Protestant Deaconess Hospital. Round tables, with discussions were held, one for public health nurses, and the other for superintendents of nurses. Miss Mills, of the State Board of Registration read an excellent paper; Dr. John W. Sluss gave a report from the American Hospital Association; and Miss Knecht, of Lafayette Home Hospital gave the report from the National League for Nursing Education. Free discussions followed. Edith G. Willis was elected president for the coming year, and Beatrice Murdoch, secretary.

A committee to arrange for affiliation with the National League was appointed. Eight new members were accepted for membership. Lunch was served at the Protestant Deaconess Hospital.

THE INDIANA STATE NURSES ASSOCIATION held its eleventh annual convention at the Deaconess Hospital, Indianapolis, October 16-17.

On October 16, the meeting was called to order by the president, Anna Rein. A greeting was given by Mr. Boyd of the Indianapolis Chamber of Commerce, a response by Ida J. McCaslin of Lafayette.

A talk was given by Prof. Severance Burrage, president of the Indiana Anti-tuberculosis Association. Dr. Geo. Edwin Hunt, Dean of the Indiana Dental College gave an illustrated lecture on "The Dentist in our Schools." Sarah B. Helbert of Cincinnati read a paper on Teaching the Prevention of Tuberculosis to School Children. The report of the delegate to the American Nurses' Association, was heard. The State Association was well represented at this meeting.

The secretary of the Examining Board, Edna Humphreys, reported that 172 nurses took the examinations last year. The State has 36 training schools, with 579 pupil nurses now enrolled, 129 of these have high school diplomas, 20 have college diplomas. Twenty one new members were admitted to the association. Miss Mills, Miss Ott, Elizabeth Johnson and Mary A. Meyers were named as delegates to the State Federation of Clubs, which met in Indianapolis in October.

On the evening of October 16, the nurses enjoyed a social hour and a moving picture show at the convention headquarters.

In the afternoon of the 17th an excursion was made to Eli Lillys and Company, manufacturing chemists.

The following officers were reelected: president Anna Rein of Indianapolis; second vice-president, Clodia Johnson of Logansport; secretary Ina M. Gaskill of Indianapolis; treasurer Frances M. Ott of Morocco. The first vice-president elected, is Ida J. McCaslin of Lafayette.

MISSOURI

St. Louis. THE GRADUATE NURSES' ASSOCIATION held its annual meeting at 1210 Locust Street on October 19. Good reports were given by all the officers. The directress reported over two thousand calls for the year. Nurses were sent to Texas, Kentucky, Arkansas, Michigan, Illinois and Missouri. The treasurer reported a balance on hand. The directory has been self supporting since it was opened in December 1909. The officers for the coming year are as follows: president, Catherine Smith; vice-presidents, Isabelle Welland, Maria Brockman; recording secretary, Esther Cousley; corresponding secretary, Anna Feimeyer; auditor, H. L. Carfrae; members of executive board, M. Anna Gillis, Margaret McKinley; members directory board, H. Haage, Mary Stevenson. A rising vote of thanks was tendered the out-going officers. A report of the state meeting was given by the delegate, Mary Stevenson.

VIDA NEVISON, graduate of Lakeside Hospital, Cleveland, has accepted the position of supervisor of probationers, Washington University Hospital. A preliminary course has recently been established.

MARY A. NELSON has accepted the position of superintendent of nurses of the school from which she graduated, the Missouri Baptist Sanitarium. She has taken graduate work at Bellevue Hospital.

THE LUTHERAN HOSPITAL held graduating exercises at the Concordia Seminary, on October 15, when nine nurses received diplomas which were presented by Rev. F. Rudi, superintendent of the hospital. The pins were presented by Rev. Mr. Kretzschmar. After the exercises, refreshments were served to the graduates at the Lutheran Hospital lecture hall.

THE LUTHERAN HOSPITAL ALUMNAE ASSOCIATION gave a banquet to the graduating class on the evening of October 16 at the home of Mrs. Means on Washington Avenue. Miss S. Reitz, president of the alumnae, welcomed the class to the ranks of the profession and invited the nurses to join the alumnae at once. Miss Schmidt responded for the class. The honored guests of the evening were: Rev. Mr. Rudi, superintendent of the hospital; Miss Lindeman, superintendant of the training school; and Margaret McKinley, president of the Missouri State Nurses' Association and registrar of the Central directory.

THE LUTHERAN HOSPITAL ALUMNAE ASSOCIATION held its regular monthly meeting on October 5, the president, Miss Reitz, in the chair. After two interesting reports from Miss Tiemeyer and Miss Stahl, delegates for the Missouri State Nurses' Association, the officers for the coming year were nominated. Sarah Reitz, class of 1904, has accepted the position of superintendent of the Mexico General Hospital, Mexico, Mo. Anna Struckmeyer, class of 1906, has taken charge of the hospital at Carbondale, Ill. Ida Gerding and Miss Baird are taking the preliminary course for nurses at the University of Missouri at Columbia.

THE ALUMNAE ASSOCIATION OF THE JEWISH HOSPITAL held its annual meeting on October 14. Margaret Rogers, superintendent of the hospital, addressed the nurses on the subject, State Registration and Social Service Work for Nurses. The following officers were elected: president, Mrs. Alice D. Blankenship; vice-president, Mary Oberman; treasurer, Emma A. Stiehl; secretary, Anna C. Robinson.

ARKANSAS

THE BOARD OF NURSE EXAMINERS met in the State Capitol, Little Rock, October 27 and 28,

THE ARKANSAS STATE GRADUATE NURSES' ASSOCIATION met in the Public Library, Little Rock, October 29, 30 and 31, the first annual meeting. The membership is 105. The officers for the ensuing year are: president, Mrs. F. W. Aydlett, Little Rock; secretary, Bella McKnight, Pine Bluff. The Association will meet in Pine Bluff, October, 1914. A State League of Nursing Education was organized, with Miss McKnight president, and Miss Tye, Fort Smith, secretary-treasurer.

Fort Smith. **SPARKS MEMORIAL HOSPITAL** graduated, on October 2, a class of ten. This is the fourteenth class, and the largest. The directors of the hospital have secured a plot of ground, 150 ft. square, across the street from the hospital, with a view to erecting a nurses' home in the near future.

THE NURSES' ASSOCIATION OF FT. SMITH AND VICINITY has a membership of 133. The officers are: president, Mrs. George Sengal; secretary-treasurer, Menia S. Tye, Sparks Memorial Hospital.

NORTH DAKOTA

THE EXECUTIVE COMMITTEE OF THE NORTH DAKOTA STATE NURSES' ASSOCIATION held its October meeting in Fargo on October 7. Those present were: Bertha Erdman, chairman, Maud Sides, first vice-president, Louise Hoerman, second vice-president, Emily H. Orr, secretary, Mrs. Angela Green Boleyn, corresponding secretary, Ethel Stanford, treasurer, and Mabel Olson. The programme for the next annual meeting to be held in Bismarck in April, was arranged. Eight applications for membership were accepted, and a few were held pending information from their training schools. The work of the Educational and Legislative Committees for the year was outlined.

Grand Forks. **THE GRAND FORKS COUNTY GRADUATE NURSES' ASSOCIATION** held its annual meeting at the Y. W. C. A. Association, October 15. The following officers were elected: president, Mary Fredrickson; vice-president, Lena Halvorson; secretary, Emma Long; treasurer, Louise Thorlackton; chairmen of committees, ways and means, Jennie Mahoney; entertainment, Alice Olson; credentials, Minnie Traynor. The secretary's report for the year showed that the membership has increased, and the treasurer's report showed a good balance. Dr. Gustave Ruediger of the State University gave an address on Immunity Vaccines and Anti-toxines. Several such addresses will be given during the winter.

Bismarck. **THE BISMARCK HOSPITAL** recently graduated a class of nine nurses.

Minot. **ST. JOSEPH'S HOSPITAL** held graduating exercises on September 3 for a class of five. Dr. A. J. McConnell, president of the State Medical Association, addressed the class. The diplomas were presented by Father Raith; the pins, by Judge Davis.

NEBRASKA

THE NEBRASKA STATE NURSES' ASSOCIATION held its seventh annual meeting in Omaha at the Young Women's Christian Association on October 14. Reports were given by all standing committees. The Red Cross Committee reported 51 nurses enrolled. It was stated that a fund had been started for tuberculous nurses in the state from the proceeds of the sale of Red Cross Stamps last year. The Lincoln nurses used their share of the fund for sanitary drinking fountains placed in prominent positions through the city. The Committee was influential in securing three sanitary fountains for the Union Pacific Station. Lectures on First Aid are to be given once a month by Dr. Anderson who was appointed by the First Aid Committee in Washington. The Membership Committee reported 210 nurses. A committee was appointed to revise the Constitution. The election of officers resulted as follows: president, Carrie S. Louer; vice-presidents, Frances S. Walker, Mrs. J. Morrow; recording secretary, Frances R. Wilson, corresponding secretary, Damie Henry; treasurer, Mrs. Bessie I. Ryan; directors: Ellen Stewart, Jennie M. Higgins and Mrs. Hollingworth. Lincoln received the vote for the next meeting in January.

Omaha. THE UNIVERSITY OF NEBRASKA COLLEGE OF MEDICINE opened a new free dispensary on September 1, with Lillian B. Stuff in charge. The tuberculosis clinic formerly conducted by Miss Stuff under the Visiting Nurses Association is retained in the dispensary. The Social Service work is done by the Visiting Nurses Association, Associated charities and other charity organizations.

Bessie B. Randall class of 1909 Douglas County, Hospital, has been appointed supervisor of the Visiting Nurses Association. She has been connected with the Chicago Visiting Nurse Association for the past two years.

KANSAS

THE KANSAS STATE BOARD OF EXAMINATION AND REGISTRATION OF NURSES will hold an examination in Wichita, December 30 and 31.

ALMA O'KEEFE, *Secretary.*

COLORADO

THE COLORADO STATE BOARD OF NURSE EXAMINERS will meet at the State Capitol, Denver, January 6-7, 1914, to examine applicants for registration according to the law. For further information apply to Louise Perrin, R.N., secretary, 1942 Pennsylvania St., Denver.

IDAHO

THE IDAHO STATE ASSOCIATION OF GRADUATE NURSES held its regular meeting on October 28, at St. Luke's Hospital, Boise. After the regular business meeting, Miss Raubach gave a paper on Operating in the Country Home, followed by a practical demonstration in improvising surgical gowns from sheets, and a stretcher from two chairs. The program for the year's work is as follows.

December 2, (a) Tuberculosis Field Nursing, Miss Volin; (b) Demonstrations of Tuberculin Tests and Vaccines Dr. Falk.

January 6, (a) Visiting Nursing (city and rural); Miss Blair; (b) Work of the Nurse in the Boer War, Mrs. Emery.

February 3, (a) Prenatal and Infant Welfare, Dr. Hill and Miss Givens; (b) School Nursing, Miss McCarthy, Wallace.

March 3, Private Nursing, Regular Business Meeting; Discussion Opened by Mrs. E. W. Kleinman.

April 7, (a) Hospital Social Service, Dispensary and Clinical Nursing, Miss Daily.

May 5, (a) Red Cross Work, Miss Amack; (b) Missionary Nursing, (with slides), Mrs. Cragin.

Boisé. LENA B. SMITH AND MINNIE KECK, of the Presbyterian Hospital in Philadelphia, have accepted positions in St. Luke's Hospital as head nurse and night superintendent.

WASHINGTON

Tacoma. THE GRADUATE NURSE ASSOCIATION OF PIERCE COUNTY held its annual meeting on November 4, in the Nurses' Home of the Tacoma General Hospital, with a good attendance of members and all officers present. After routine business, the treasurer's report for the year was read and accepted. Two new members were received. The following officers were elected: president, Mrs. Agnes H. Fletcher, vice-president Edith Weller; secretary, Anna T. Phillips; treasurer, Mrs. Etta B. Cummings; trustees: Anna Delgard, Mary Mulroy, Anna T. Powell, Mrs. Emma B. Thomas and Agnes Henriksen. Among the questions brought up for discussion was the one of the annual dues, it was decided they should remain the same as last year, \$5.00, paid in advance, and each member who fails to pay her dues by Jan. 1, following the annual meeting, will be fined \$1.00, and her name removed from the register until dues and fine are paid. It was unanimously decided that the 10 cent fines be discontinued. By a majority vote it was decided that the meetings be held at the Tacoma Hotel, that being more centrally located; and that all business meetings be held in the afternoon, as the nurses can be away from their patients more conveniently then, than in the evening, that seven members shall constitute a quorum in all matters of business brought before the Association. It was moved and seconded that \$10.00 be contributed toward protective work in the city, and the treasurer was instructed to pay the same. Adjourned to meet in December.

CALIFORNIA

ANNA C. JAMME has been appointed director of the Bureau of Registration of Nurses, the office created by the recent act for the state registration of nurses. Miss Jamme is a graduate of Johns Hopkins Hospital and was for some years superintendent of nurses at St. Mary's Hospital, Rochester, Minn.

BIRTHS

On September 25, at Imlay City, Mich., a daughter, to Mr. and Mrs. J. Kohler. Mrs. Kohler was Alice Dowd, graduate of St. Mary's Hospital, Detroit.

On August 1, a son, to Mr. and Mrs. Lucien Katzenberg. Mrs. Katzenberg was Carrie B. Pollack, class of 1904, Jewish Hospital, Philadelphia.

On October 1, a son to Mr. and Mrs. H. B. Newman. Mrs. Newman was Anna May Rockwell, class of 1904, Bayonne Hospital, Bayonne, N. J.

On October 25, a son, to Dr. and Mrs. L. E. Hull. Mrs. Hull was Edith Gibbons, class of 1908, Altoona Hospital, Altoona, Pa.

In June, at Stauton, Va., a son, to Dr. and Mrs. James Pollock of North Madison, Ind. Mrs. Pollock was Mabel Chermiside, class of 1909, Howard Hospital, Philadelphia.

On September 20, a son, to Dr. and Mrs. M. O. Burke. Mrs. Burke was Elizabeth Armstead, class of 1908, St. Luke's Hospital, Richmond, Va.

On September 14, a son, Eben, to Dr. and Mrs. Alexander. Mrs. Alexander was Eva McMath, class of 1904, Mt. Sinai Hospital, New York City.

MARRIAGES

On October 19, in Boston, Mass., Edith Louise Robertson, class of 1909, Newport Hospital, to Arthur Joseph Driscoll.

On October 23, in Winfield, Kansas, Annie Laurie Brooks, class of 1908, Illinois Training School, Chicago, to Frank McIniston.

On August 1, in Toronto, Ontario, Canada, Clara Berenice Sharpe, to Dorman Weaver. Mr. and Mrs. Weaver will live in Erie, Pa.

On September 11, in Detroit, Mich., Charlotte Jane Morris, class of 1911, St. Mary's Hospital Training School, to Howard Coll, M.D. Dr. and Mrs. Coll will live in Detroit.

On October 29, in Anchorville, Mich., Alma Wagner, class of 1911, St. Mary's Hospital, Detroit, to Joseph Brennan, M.D. Dr. and Mrs. Brennan will live in Detroit.

On October 22, in Philadelphia, Pa., Francina Freese, class of 1910, Johns Hopkins Hospital, to A. M. Lichtenstein, of Cumberland, Md. Miss Freese was well known to nurses for her work with mothers and babies at the Caroline Rest, Hartsdale, N. Y.

On October 4, in the Church of the Transfiguration, New York, Violet Armstrong, class of 1904, S. R. Smith Infirmary, to Harold Gregg.

On September 9, in the Church of Our Lady of Good Counsel, Borough of Richmond, Staten Island, Elinor Marie Magee, class of 1909, S. R. Smith Infirmary, to James F. Meads.

On October 4, at Saskatoon, Canada, Ella F. Aikman, class of 1904, Massachusetts General Hospital, to Fred A. Greene.

On September 1, at Philadelphia, Anna E. Barrett, late superintendent of Howard Hospital, to Edwin S. Cooke, M.D. Dr. and Mrs. Cooke will live in Philadelphia.

On September 3, at Wildwood, N. J., Mrs. Lesley K. Roller, class of 1907, Howard Hospital, Philadelphia, to Charles E. Lurcott. Mr. and Mrs. Lurcott will live in Philadelphia.

On October 1, in Camden, N. J., Dora Davis, class of 1909, University of Pennsylvania Hospital, to Henry Harlow Skinner, M.D. Dr. and Mrs. Skinner will live in North Yakima, Wash.

On August 29, Edith Mae VanHorn, class of 1911, New York Post-graduate Hospital, to Harold John Wagner. Mr. and Mrs. Wagner will live in Washington, D. C.

At Hackensack; N. J. Fanny E. Forward, class of 1907, Hackensack Hospital, to Alden V. D. Meeks. Mr. and Mrs. Meeks will live in Hackensack.

Lessie Iantha Holston, class of 1907, Memorial Hospital, Richmond, Va., to Otis LePage Murray of Norfolk, Va.

On September 19, at Lynchburg, Va., Martha Susan Callahan, class of 1907, Memorial Hospital, Richmond, Va., to Weston Frank Callahan.

On September 8, Petra Somnoe, class of 1911, St. Luke's Hospital, Fargo, N. D. to Herman Krantz of Enderlin, N. D.

On October 22, in Chicago Heights, Ill, Teresa M. Mayer, class of 1912, St. Bernard's Hospital, Chicago, to William Lennertz.

On September 8, Julia Hogan, graduate of the Deaconess Hospital, Louisville, Ky., to E. Perby, M.D., of the Hazel Wood Sanatorium.

On September 30, at Jacksonville, Ill, Cathryn Crather, class of 1913, Passavant Memorial Hospital, to Howard Oots of Slater, Mo.

On November 1, at Jacksonville, Ill, Lou Ella Rothwell, class of 1913, Passavant Memorial Hospital, to C. A. Wilson. Mr. and Mrs. Wilson will live in Jacksonville.

On July 18, Sarah MacDonald, graduate of St. Barnabas Training School, Newark, N. J. to Daniel P. Fitzgerald.

On July 25, at Washington, D. C., M. Adelaide Teck Shamel, class of 1904, St. Luke's Hospital, Richmond, Va., to Frank L. Costenbader, M.D. Dr. and Mrs. Costenbader will live in Richmond.

On September 30, at her home, Pulaski, Va., Helen Peyton Campbell, class of 1911, St. Luke's Hospital, Richmond, Va., to Hobart Hall. Mr. and Mrs. Hall will live in Richmond.

On September 5, Harriet L. Hiebner, class of 1910, Illinois Training School for Nurses, to E. A. McCormick.

On September 24, Miss Frederick, graduate of St. Luke's Hospital, New York to Robert Bruce Burwell, M.D. Dr. and Mrs. Burwell will live in Moosejaw, Saskatchewan, Canada.

On October 7, Edith Chapman, class of 1905, Mt. Sinai Hospital, New York, to Nicholas Samuelson. Mr. and Mrs. Samuelson will live in New York City.

On October 4, at Geneva, N. Y., Mary E. Turner, class of 1909, Hospital of the Good Shepherd, Syracuse, N. Y., to Monroe Byrd Clarke. Mr. and Mrs. Clarke will live in Syracuse.

On October 11, at her home, Wheatland, Okla., Grace Grady, a member of the Graduate Nurses' Club, Oklahoma City, to John Hart. Mr. and Mrs. Hart will live in Kansas City, Mo.

On October 18, at her home, Akron, Ohio, Donna Feederle, class of 1911 Brooklyn Training School, Brooklyn, N. Y. to William Hollenback Cary, M.D. Dr. and Mrs. Cary will live in Brooklyn.

On September 3, at Cambridge, Mass., Ellen J. Graham, St. Louis Training School, St. Louis, to Thomas Hill Moore. Mr. and Mrs. Moore will live in St. Louis.

On September 20, Clara Beach, St. Louis Training School, St. Louis, to Dr Turek.

On October 5, Hazel Crum, St. Louis Training School, to Dr. Petit. Dr. and Mrs. Petit will live in St. Louis.

On October 11, Janette Anderson, Washington University Hospital, St. Louis, to H. J. Harrison. Mr. and Mrs. Harrison will live in Cassville, Mo.

On October 29, Chloe Clark, Missouri Baptist Sanitarium, to Vernon R. McConaghie, M.D. Dr. and Mrs. McConaghie will live in St. Louis.

On September 10, at the Presbyterian Church, Pulaski, Va, Helen P. W. Campbell, class of 1911, St. Luke's Hospital, Richmond, Va., to Hobart A. Hall. Mr. and Mrs. Hall will live in Richmond.

On November 3, in Chicago, C. Russell Sprache, class of 1907, Norton Memorial Infirmary, Louisville, Ky., to Robinson Bosworth, M.D. Dr. and Mrs. Bosworth will live in St. Paul, Minn.

On October 29, in New Castle, Ky, Elmira Hilliard Gilmore, class of 1911, Norton Memorial Infirmary, Louisville, Ky., to Roy Palmer Gividen.

On November 8, in Medicine Hat, Canada, Mary A. C. Strickland class of 1903, Jewish Hospital, Philadelphia, to Fred Horsey.

On August 16, in Denver, Colo., Maude Autrey, graduate of the Park Avenue Hospital, Denver, to Bernard Pratte.

DEATHS

Suddenly, on November 4, Clara E. Query, class of 1906, University of Maryland Training School, Baltimore, Md. Miss Query had been for three years registrar of the Central Directory of Baltimore. She was a Red Cross nurse, had been secretary of the Maryland State Association, and at the time of her death was president of her own alumnae association. She was an enthusiastic helper in every department of nursing work in which she was engaged.

On October 26, after a week's illness with pneumonia, Edith Wooster Seymour class of 1898, Hospital of the Good Shepard, Syracuse, N. Y. Miss Seymour had served in an official capacity at the Hospital of the Good Shepherd for five years, first as assistant superintendent, then as superintendent of nurses. For the past year she had been superintendent of nurses at Broad Street Hospital, Oneida, N. Y. Those who knew her hope that the example she has left may be an inspiration to them to help each other to do better work in the nursing profession.

On October 13, at Shelbourne, Nova Scotia, Marion Robinson, class of 1908, St. Luke's Hospital, New York. Miss Robinson died suddenly and will be missed by those who knew her.

On October 3, at Mt. Sinai Hospital, New York, after a lingering illness, Mrs. Kiernan, who was Margaret Hart, class of 1886, of the same hospital.

On July 21, at Westport, N. Y., after a brief illness, Elizabeth M. Deane, class of 1888, Mt. Sinai Hospital, New York. Miss Deane was a missionary nurse in Alaska for twelve years, and for the past year had been in Graniteville, S. C. among the cotton workers.

On November 11, at Orange, N. J., Emma Schierholz, class of 1887, Orange Memorial Hospital. Miss Schierholz has been an invalid for years, but the end came suddenly.

On November 12, in Omaha, Neb., Alma M. Odman, class of 1909, Augustana Hospital, Chicago. Miss Odman contracted typhoid fever after nursing a sister in Denver.

On November 7, at Sunlight Sanatorium, Denver of tuberculosis, Olivia Ayraud. Miss Ayraud, who was only twenty-four years old, was a graduate of New Orleans Hospital and had had tuberculosis but a few months before she died. She came to Colorado very ill, and an entire stranger, but the Reverend Father Burke and the Trained Nurses' Association visited her and provided her with every comfort possible.

BOOK REVIEWS

IN CHARGE OF

M. E. CAMERON, R.N.

ANATOMY AND PHYSIOLOGY FOR NURSES. By Amy E. Pope, R.N., Instructor in the Presbyterian Hospital School of Nursing, New York City; Joint author of *Practical Nursing, Essentials of Dietetics, A Quiz-Book of Nursing*. Price \$1.75 net. 155 Illustrations. G. P. Putnam's Sons, 2-4-6 West 45 Street, New York City.

One looks for good work in any book that bears the name of Amy Pope on the title page. The present volume shows her to be ever ahead of her record and is the best work that she has done. While none of the essentials of anatomy are omitted, physiology is amplified, and the origin, nature, definition, and function of tissues, are prominent features in the text of the book. The matter is divided into paragraphs, which are numbered, making reference simple and easy for the student. Numerous foot-notes showing the derivation and meaning of the technical names catch the attention of the student and fix the words in the memory. Nerve tissue and the nervous system are introduced early in the book, because of the necessity of referring to it constantly in the functioning of all the organs of the body. Thus, once thoroughly mastered, it is constantly and unconsciously reviewed, while other work is going forward. Miss Pope shows many of the results of her experience as a teacher throughout the book, which shows as plainly how to teach as what must be taught.

THE UPAS TREE. By Robert McMurdy. Price, \$1.25. F. I. Schulte and Company, Chicago.

When the nurses of the state of Illinois were seeking a bill for registration in the Assembly of their state, they decided to call to their aid the best legal advice in the country and to this end they secured Mr., now Judge, McMurdy, president of the Bar Association of Illinois and member of the firm of Church and McMurdy of Chicago.

It must be a matter of interest to nurses to learn that this able and versatile lawyer has lately added to his laurels by becoming the author of a novel entitled *The Upas Tree*; in which he declares his opin-

ion that the time has come for ridding the administration of justice from an obsolete penalty. Capital punishment for murder has no place in modern society. Very cleverly the reader is made to appreciate the tremendous advance, save in this one direction of the punishment of murder, that society in general has made.

The imperious demand for education and a higher scale of living which calls for such strenuous effort and precludes the possibility of growing grossly rich, but which gives back so much in development of character and that growth of altruistic feeling which is the certain outcome of education and breeding, these graces of strength and beauty are made to adorn the characters of Beckwith Miller and his wife, and the picture of their home, won by sacrifice, and held by hard and often uncongenial toil, but holding all that is best worth having in life, stands out in vivid contrast to the same home lying in the shadow of this awful thing, which many able thinkers and true upholders of justice consider to be indispensable to order and safety in the community.

These are days when, if a grave matter needs to be placed before the public, it must reach it by means of an appeal to the dramatic sense, hence we have many "plays" which deal with questions in ethics. Judge McMurdy has chosen to use his novel as a means to arrest the attention and demand the consideration of his readers upon a matter of the gravest importance.

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